CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County V 25 L N 9 T P N	State Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Wash Co. Hospital	Street No. Stycet (If rural, give LOCATION)
How long in hospital or institution? 2 2 2 3	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Imagine Hicker allen	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenale White Widowed	20. DATE OF DEATH December 13 19 48, 21 2: 449 M
6.(b) Name of husband or wife Joly L. Allen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	11 1948 to Ola 13 1948
7. Birth date of deceased (mo., day, yr.) Oc. 1. 8 1871	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
77 7 5	La San San San San San San San San San Sa
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Commende Il Maria atlation
9. 6irthplace	Due to Course here and the
10. Usual occupation House Wite	Que to.
11. Industry or business	oue (c
E 12. Name I hom as C. Hughes	Other conditions
Z 13. Birthplace England	
# 14. Maiden name Maky Jane Banshay	(Include pregnancy within 3 menths of death)
	Major findings of operations
M TTI III	
18. Informant 1 = 1 hew Hoghes	Antopsy results
Address Hancock Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal, Which?) Date thereof. Dec. 15 1448 (month) (day) (year)	Accident, suicide, or homicide
CATT	Where did injury occur? (City or town) (County) (State)
1	(City or town) (County) (State)
Location Hanes CR IVI d	Means of Injury Injured at work?
18. Funeral director Charles R. 15251	1201
Address Hancock Md	23. SIGNATURE 16. J. Laymon m.D.
19 Dec, 14, 1948 Chart Kowers	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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DEC 16 1948

BUREAU V. S.

PLEASE

MARYLAN	ID STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore

H 830

Dr. Victor viller

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County	state Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 1 Hour	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred: Washington County Hospital	Street No. 115 King St. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	None
MRS MARY LORENA KOONTZ BENTZ 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Married	20, DATE OF DEATH. December 9 1948 19
Victor B. Bentz	21. I CERTIFY that death occurred on the date above stated; that I ettended desceeed from
6.(0) Name of husband of wife.	724 - 1048, 10 12/9 1048
7. Birth date of Tanana 20 20 20 20 20 20 20 20 20 20 20 20 20	and that I last saw way.
deceased (mo., day, yr.) 8. AGE: Yeare Monthe Daye If less than one day	Immediata cause of death & Frue on hage 2 rounding
67 10 31hrsmin.	
	arterio Acorosido 5-10 yrun
9. Sirthplace Day ton Rockingham Co Va. (Town, county, and state)	Oue to.(
10. Veual occupation TOUSEWIFE	Baka
11. Industry or business Own Home	JUE 10
	Other conditions
13. Birthplace Dayton Va.	
14. Malden name Sarah White	(Include pregnancy within 3 months of death)
14. Maiden name Sarah White 15. Birthplace Dayton Va,	Major findings of operations
16. Informant Victor B. Bentz	Date of op
	Autopsy results
Addrese Hagerstown Md.	22. VIOLENCE: It death was due to external caueee, fill in the following:
Burial Bate thereof 12/11/48 (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, evicide, or homicide
Cemetery or crematory Rose Hill Cenetery	Where did injusy occur? (City or town) (County) (State)
Hagerstwon Md.	Injured at home, farm, industry, public place (where?)
	Meane of Injury Injured at work?
18. Funeral director. Andrew K. Coffman	19/2/2 ×111/1/10
Addrese Hagerstown Md.	23. SIGNATURE AR VICTOR D. MILLER
19 Dec. 10, 1, 48 ChaltBowers	M. D. or other
(Date rec'd by registrar) Registrar	Addrese Date eigned 7.0 - 1.744

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DEC 13 1948
BUREAU V. S.

PLEASE WRITE

MADVIAND	CTATE	DEDADTMENT	OF	MEALTL
MAKILAND	SIAIL	DEPARTMENT	Uľ	HEALII

2411 N. Charles St., Baltimore

12848

CERTIFICATE OF DEATH

Par Dist No 30 2

1. PLACE OF DE		ashin	rton		2. USUAI. RESIDENCE (HOME) C	OF DECEASED:	
County	H	TOILTIE	FORM	************	Manul and		1
City of town(15	outside eity or town li	mits, write !	URAL and give nearest	town)	Home	matoum	
Now long in above place	e of death?	30	years		(If outside city or town limit	ts, write RURAL and give near	rest town)
Hospital, Institution, o	r street address where Sherm	death occurre	i:		Street No. Sherman	n Ave.	
	Sherm	an Av	5 •		(If rural, giv	e LOCATION)	
How long in hospital o	or Institution?				2.(a) If veleran, name war		
3. (a) FULL NAM	IE .					3. (b) Social Security 1	Number
		Clint	on H. Be	rger			
4. Sex	5. Color er race	8.(a)Sing	e, married, widowed, or divor	rced	MEDICAL C	ERTIFICATION	
Male	1		Married		20. DATE OF DEATH December	12 1,48	5:15a
e (h) Name of husband	or wife. Eve	rs L.	Berger	1 - 6	21 I CERTIFY that death occurred on the date ab	bove stated; that I attended decea	sed from
B.(0) Name of nospani	1 V(WIIC		53		Jan 76, 10		
7. Birth date of	Mon	ch l,	c) If alive, give age53	years	and that I last saw harm alive on	. 4.2. 6 -	19.7.8
deceased (mo., day,	71.7	Days	If less than one day		Immediata cause of death	-4 * 1/	DURATION
8. AGE: Year 54	9	11			Coronary arteriord		
		1	1	min.			3 years
			. Co. Md.		Oue to Olvesety	***************************************	20 years
an H. Janasahan	Retai	1 Gro	cery	2,232.7	00: -050	- 1 · 1 / 124	
			***************************************		me Chronic doca	and the accuracions	5 32
11. Industry or busine	00				2, , , , , , , , ,	Hermine	1 4 000
12. Name	Middlebur	5.9.4 MA		***************************************			
and the second s					lucarcial Stomach +	months of death)	
王 14. Malden name	Margare	t Mul	len		Major findings of operations		
2 15. Birthplace	Middleb	urg M	d.			Date of op	
18 Informant Mrs	Margare Middleb s. Evers	L. Be	rger		Autopsy results		
	agerstown				PHYSICIAN: Please underline the cause to v	which death should be charged	statistically.
			Dec 14	1948	22. VIOLENCE: tf death was due to external ca	auses, fill in the following:	
(Burial, cremation	n, or removal. Which?	Date the	month) (day)	(year)	Accident, suicide, or homicide	Oate of	
Cemetery or cremat	Rest	Have	n	**********	Where did Injury accur?(City or town)	(County)	(State)
	Hagersto	wn M	d.	9	Injured at home, farm, Industry, public place (
					Means of Injury	Injured at work?	
			nich & Son			1	a De
Address	Hagerst	own	W.C.		23. SIGNATURE & allers	M. Wel	Ey, M.D
10 Dec	13.148	60	costrow	est		м. D. о	
(Date rec'd by r	egistrar)			Registror	Address Hogers Town In	anyland Date signed	12-13.48

THE SALE OF THE PROPERTY.

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Anna La Santona de La La La Cara

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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OF DEATH

E OF DEATH	Reg. Diet. No.
2. USUAI. RESIDENCE (HOME (For newborn infents give residence Maryland	OF DECEASED:
Maryland	Washington
Hagerst	
City or town (1 Coutside rity or town li	imits, write RURAL and give nearest town)
Street No	give LOCATION)
2.(a) It veteran, name war	_ = =
	3. (b) Social Security Number
	CERTIFICATION
Decem	
20, DATE OF DEATH	19 2t
21. I CERTIFY that death occurred on the date	e above stated; that I attended deceased from
Qv 2	Drewelord -1 145
and that I last saw n J alive on	
Coronal a	e above stated; that I attended deceased from 18.48. to 12/27. 19.45. Discussory - 19.45. DURATION DURATION DURATION 2000100000000000000000000000000000000
Due to	
Due to	
Diher conditions	
(Include pregnancy with	in 3 months of death)
Major fiedings of operations	
M	
Actopsy results	to which death should he charged statistically.
22. VIOLENCE: It death was due to externa	causes, till in the following:
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or tov	wn) (County) (State)
Injured at home, farm, industry, public place	
Masas of Injury	injured at work?

,			CERTIFICATE
1. PLACE OF DEA	Hautsido eity or town lim		
How long in hospital or			2
3. (a) FULL NAME	Lill	ie I.	
4. Sex			d, widowed, or divorced
Female	White	Wido	wed
6,(b) Name of husband (Δ 11 σ11 c	eph C. B 6.(c) If all v t 5, 18	e, give ageyears
8. AGE: Years		Days If it	ess than one day
91	4	99	hrsmin.
9. Birthplace	No	ounty, and state) one	er
14. Maiden name	Fiddlers		
16. Informant	elia F. Magerstown	ı Md.	<u> </u>
Bur 17. (Buriol, cremation, Cemetery or cremator	or removal, Which?) Rose	Octo Hennel	[month] (day) (year)
Location		rstown M	d.
18. Funeral director	Scott I Hagers	F. Minni town ^M d.	ch & Son
	8, 1848	Char	HBowers,

Registrer Address 131 W. WA. H. NGTON ST.

.. Date signed

SHIP OF THE

DEC 30 1948
BUREAU V. S.

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Evidence	for	change	of	
birth	date	shown	on:	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dr.	Knei	sley	50
		100	00

FILM No.	G	7	10	DEC	10	10/10	CERTIFICATE	OF	DEATH
FILITIO.	u	1	1 73			JUZ	CLICITICATE	OI	DEGILI

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HUMINO. U 110 DEC 13 4948 CERTIFICATI	Reg. Dist. No.		
1. PLACE OF DEATH: County Was hington	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 34 Years	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or strest address where death occurred: 809 yanil ton Blvd How long in hospital or institution?	Strest No. 809 Hani ton Blyd (If rural, give LOCATION) 2.(a) If veleran, nams war.		
3. (a) FULL NAME	3. (b) Social Security Number		
	220-05-5127		
EDGAR HOWARD BYER 4. \$sx 5. Caler or racs 6.(4)Single, married, widowsd, or divorced	MEDICAL CERTIFICATION		
Male White Widower	20. DATE OF DEATH. December 5 1948 of 2.30 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24 19 48 to December 5,948		
7. Birth dats of	and that I last saw h im alive on December 5 1948		
7. Birth dats of dsceased (mo., day, yr.) January 16 1869 1867	and that I last saw h		
8. AGE: Years Months Days 11 isss than one day	Immediate cause of death. Cerebral Hemmorr hage DURATION 12 days		
81 10 19min.			
8. Sirthplace Hagesrtwon Wash, Co. Md. (Town, county, and atate)	Oue 10 Cardio-Vascular Hypertensive diease, with Artersclerosis ?		
1D. Usual occupation Tool Designer	Dus to		
11. Industry or business Pangborn Corp			
置 12. Name John Byer	Dther conditions		
13. Sirthplacs Hagesrtwon Md.	(Include pregnancy within 3 months of death)		
里 14. Malden nams Susan Stoner	Major fiadiags of operations.		
14. Malden nams Susan Stoner 15. Birthplacs Waynesboro Pa.	Major Hadiags of operations		
ts informant Paul H. Byer	Actopsy results		
	PHYSICIAN: Please naderline the cause to which death should be charged statistically.		
Address Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Butial Bate thereof. 12/7/48 (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicids, or homicide		
Cemstary or cramatory Rose Hill Cemetery	Where did Injury occur?		
Location Hagerstown Md .	Injured at home, farm, Industry, public place (where?)		
	Misens of Injury Injured at work?		
18. Funeral director. Andrew K. Coffman	1010		
Address Hagesrtwon Mad.	23. SIGNATURE ON Merchy by		
19. Dec. 6. 19 48 Mast Howard, (Date rec'd by registrar)	Addrsss 148 W. Washington St. Date signed Dec 6.		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

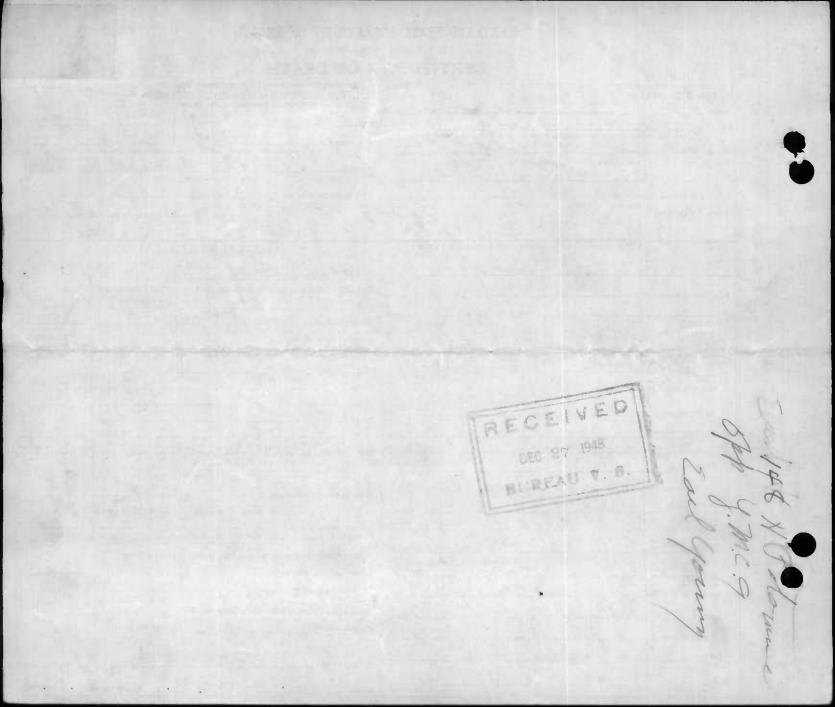
CERTIFICATE OF DEATH

Reg. Diat. No. ...

12851

9400

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	State Med County Washington
City or town	
How long in above place of death? 13 months	(If outside city or town lights, write RURAL end give nearest town)
Nospital, Institution, or street address where death occurred:	Street No. 153 WWwshington St
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race (6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
m. 0 20 9. 4 8.	
made while single	20. DATE OF DEATH December 18 19 48 at 4:50P
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19. 47 to December 19. 48
7. Birth date of	and that I last saw h im alive on December 17 148
deceased (mo., day, yr.) aniay 3, 18/8	Immediate cause of death
8. AGE: Years Months Days If fess than one day	Coronary occlusion l/hour
70 (11 13 hrsmli	<u> </u>
9. Birthplace My My Mown, county, and ctate)	
10. Usual occupation Ltured	
11. Industry or business — HAMEN	Due to
12. Name Ames Cafrine Caste	Other conditions. Congestive heart faiture 2 yrs
	(Include pregnancy within 3 months of death)
H 14 Majden name assault & Segulated Timest	Waybr findings of operations.
E 15. Birthplace, Med.	Date of op.
16. Informant Ravid Clask	Autopsy results.
Address 753 W. Work St. Hagerstones	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 . 0 /10 01 /10	22. VIOLENCE: If death was due to external causes, flit in the following;
(Burni, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Prossmckles	Where did injury occur?
Location Mr. Margarille Fred Co. Md.	
1 + 03 B: +60	Manua of Injury
18. Funeral director	1/6///
Address Pregensille Md.	23. SIGNATURE CENTRAL CONTROL
Decivil 48 Chashinower	M. D. or other
(Date ree'd by registrar) Registra	Address Hotel Rotopiec St., Date signed 12.20.48



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VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	1/2/2/
Rog. Dist,	No. 004

I. PLACE OF DI	Washing	ton	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)			
011	Hancock		State Maryland County Washington			
(If	outside city or town lis	nita, write RURAL and give nearest town) 25 years	Hancock			
	e of death? or street address where o		(If outside city or town limits	, write RURAL and give nearest town)		
nospital, institution, o	of Street Souless Milete C	icani occurres.	Street No. (If rural, give	LOGATION		
How long to hospital	or Institution?		2.(a) if veteran name war			
3. (a) FULL NAM	1E		II	3. (b) Social Security Number		
	John	William Clark		J. (b) Doctar Decarry Name		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	White	Married	20. DATE OF DEATH.	14 1948 at 2 A 11		
6 (b) Name of husbant	er wite Susa	n I. Clark	21. I CERTIFY that death occurred on the date about	ve stated; that I attended deceased from		
			16v 11 195	17, 10 DORC 14 1949		
T. Birth date of	Ma mala		and that I last saw h alive on	Dec 13 1948		
8. AGE: Year		Days It less than one day	Immediate cause of death	OURATION		
81	9	4min	Bron chal	hermonia		
9. BirtholaceS	ir Johns	Run, W. Va.	Due to			
	(Town, c	Railroader	(userio D	clerius		
10. Usual occupation	11001104	Ralli Dadei	Due to			
11. Industry or busine	38		blal in	-alid		
12. Name	Ambrose P	• Clark	Other conditions			
	W. Va.	A TOTAL STREET	(Include pregnancy within 3 m			
五 14. Maiden name	Rebeco	a McGowan				
14. Maiden name 15. Birthplace	W. Va.		Major findiogs of operations			
		ace French		Date of op.		
16. Intermant	Hancock	. Md .	PHYSICIAN: Please underline the cause tu wh	ich death should he charged statistically.		
Address		, 224	22. VIOLENCE: If death was due to external cause			
II. Buria	1 n, or removal, Which?)	Oate thereof Dec. 16, 194 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Green Way Cemetery			Where did injury occur? (City or town)	(County) (State)		
Location	Berkeley S	Springs, W.Va.	tnjured at home, farm, Industry, public place (wh			
18. Funeral director	Snyder-	Rowland	Means of Injury	Injured af work?		
Address /	Hancock	, Md., and loo	1. Im the	after MB		
19. 17/16	48 19 mgiatrar)	HAJTEller.	23. SIGNATURE Aurous	Ind, M.D. or other 12/16/48		
(Date rec d by re	eRieffet)	Registrat	Address			



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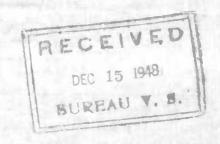
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Ch	narles St., Baltimore 932
CERTIFICA	ATE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Manuel and County 1714
(If outside city or town limits write RURAL and give nearest town) Now long in above place of death?	City or lown (if outside city or town limits, write-RURAL and give nearest town
Nospital, Institution, or street address whera death occurred: New Jacob Lasautulle Now long in hospital or institution?	Sireel No
3. (a) FULL NAME	3. (b) Social Security Number
Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION Character 10 1948 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March. 5. 1878	and that I last saw h
8. AGE: Years Months Days It less than one day 70 9 5	nn. Chr. myscardisl
9. Birthplace (Town, county, and state)	Due to heart failure
10. Usual occupation	Due to
E 12. Name Orchebald Colbert In 13. Birthplace Wash Co. md.	Differ conditions
# 14 Maiden name Sidney Ridennis	(Include pregnancy within 3 months of death) Major fiediogs of operations.
5 15. Birthplace Wash! Co. md. 16. Informant. Mrs. Dana Jenskins.	Autopay results. PHYSICIAN: Please ooderline the cause to which death should be charged statistical
Address Calin John Mont, Co. Md. 17 Burial Date thereof Dec. 14. 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory Samples To amore Century	Where did Injury occur?
Location Sarufles manon wouth. Com	4 - 11
Address Booushup md.	23 STONATURE VILLE WASH, CO., M
10. Dec 13 1948 Marsothine Doguela	M. D. or M.

MARGIN RESERVED FOR BINDING

SA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
county Washington	state Maryland county brashington
Cily or town	City or town (If outside city or town timits, write RURAL and give nearest town)
How long in above place of death?	
Main Street	(If rurel, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mayme (o. 2 alvin	ney none
4 Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Dervale White Single	20. DATE OF DEATH December - 14- 19.44 21 41.30 P-11
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
() (c) If alive, give ageyears	aug 30 19 48 10 Dec 14 19 48
7. Birth date of deceased (mo., day, yr.) Maluelu - 14-1878	and that I last saw h
8. AGE: Years Months Days If less than one day	Immedia cause of death DURATION
70 1 0hrsmin.	Jarres ango
9. Birthplace Mahleville Wash. Co. Md.	Due to.
(Town, county, and state)	
1D. Usual occupation.	Due to
tt Industry or business	
12. Name John & Jahrney 13. Birthplace Malejulle Wash Co. md	Other conditions
	(Include pregnancy within 3 months of death)
# 14 Maiden name Schale Jane Benchoff	Major findings of operations
\$ 15. Birthplace Ringgold Wash. Co. Md.	Date of op.
18. Interment Miss Katie Zahrung	Autopsy results
Address Masseville Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berial - Date thereo Dec. 17:1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremetion, or removal, Which?) (month) (day) (yeer)	Accident, suicide, or homicide
Cemetery or crematory D. ahrmay Canaday	Where did Injury Occur?
Location M. Mapleville Md.	Injured at home, tarm, Industry, pub"c place (where?)
18 Funeral director Thu D. Bast & Som	Means of Injury Injured at work?
Address Boonsho md,	John hoversturns
Day 17 116 11 N. Box	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Durfas Hour Montesigned) - 15248

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DEC 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALT

1.	LACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
/	County Washington		State Maryland
	(If outside city or town limits, write RURAL and give nearest town)		County Washington
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
	Washington County Hospital	-	-1 1
	Length of mother's stay in County		Street No. 831 Mulbery ave (If RURAL give LOCATION)
	Name of child	H	Date of birth Dec. 15 1948 Hour 3.21 P. M.
5.	Sex Male 6. Twin or triplet	7.	No. of weeks pregnancy 22
	FATHER OF CHILD		MOTHER OF CHILD
	Full name William Richard Jarnihoush.	11	Full maiden name Betty Lean Cox
	Color. W. 10. Age at time of this birth. 24 yrs.	13.	Color W 14. Age at time of this birth 26 yrs.
11.	Usual occupation namels @ Jairchild	15.	Usual occupation House wife
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?/
	(b) How many other children were born alive but are now dea	ad ?	(c) How many other children were born dead?
	Did child die before labor? During labor?	21.	Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of premoting		prematurity, asphyxia, etc., try to add cause thereof.
10	separation placente		(a) Fetal causes
19.	Labor: (a) Complications of		(b) Maternal causes framation
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any(Yes or No)		on the date and hour above stated.
			Signature Robert Wh. (amp be//M.L
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
_	During operation?		Address Hagenstown Md.
23.	(a) Date thereof 12 (Burial, cremation or removal)	25.	(a) Dec 17.4948 (b) Chart Bowers
	(c) Cemetery or crematory. Rest Hanen Cut	26	(Date rec'd by registrar) (Registrar) (To be filled out if no physician was present at delivery.)
24.	(a) Funeral director ANDIEU COMMON	20.	The above certificate has been examined by me.
=	(b) Address sagerstown hd		Health Officer, per
	* See Instruction C on stub.		

1 59 min.



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(Data rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

31

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.

	(For newborn iniants give residence of mother)
	Stale renna county Bedford
own)	D 1
	(If outside sty or town limits, write RURAL and give nearest town)
	Street No. 700 S Juliana St.
	(If rural, give LOCATION)
***************************************	2.(a) If veteran, name war
	3. (b) Social Security Number
ed	
cu	MEDICAL CERTIFICATION
	2D. DATE DF DEATH. 20 29 1948, 21 1235 M
	D-
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
85	19 19 18 19 NECS 9 18 48
years	and that I last ear he was allowed and and and and and and and and and an
	Immediate cause of death. Ettlemes - borck DURATION
	Butteral tractus, took femile
mln.	1 may 1 miles
115111.	Thatie XII runerus
	Due Io.
	fraumatic
	Due 10
	Other conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
	Aotopsy results.
2	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Get d	22. VIOLENCE: 11 death was due to external causes, 1111 In the following:
148	Accident, suicide, or homicide. accident Date of Nec 20 46
year	Warford abus a dulton Oa
gan	Where did Injury occur? Narford Also g Sulfon Occurs (City or town) (County) (State)
	Injured at home, farm, Industry, public place (where?)
	Means of Injury California auto Injured at work?
•	Means of Injury Control of Contro
	020.1/11 20.10
	23. SIGNATURE of MAhagge MD.
	M. D. or other
Registrar	Address Lancou(md Date signed 15/14/148
	- Marida de



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleaffy and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

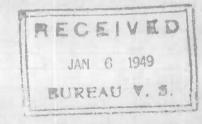
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

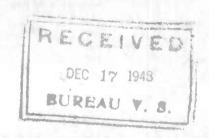
170 C

Reg. Dist. No. 364

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and rive nearest town)	State PENNA County Bedford		
How long in above place of death?	(If outside day or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 222 S. Bed ford St.		
# 1	(If rural, gi LOCATION)		
3. (a) FULL NAME	2.(a) If veteran, name war.		
Janet E. Mills Fisher	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH RUC 29 1948, at 12 AM		
6.(b) Name of husband or with Bruce M. Fisher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
C(244) 47	194 to 29 1948		
7. Birth date of deceased (mo., day, yr.) Dec. 15, 1901	and thet I last saw here and the newsons Diparton		
8. AGE: Years Months Days If less than one day	mmediate cause of death DURATION DURATION		
47 0 14hrsmin.	and Royasims		
9. Birthplace Clearville, Bedford Co., Penna. (Town, county, and state)	Due to fine l'aceration		
10. Usual occupation Hausewith	C) \ assessar		
11. Industry or business ——	Due to.		
	Dither conditions		
12. Name Edward E Mills 13. Birthplace Cleary ille Bedford Co. PENNA			
	(Include pregnancy within 8 months of death)		
14. Maiden name Sadie Wei Mer 15. Birthplace Clearville Bedford Co. Penna 18. Interpret Bruce M. Us Fisher	Major findings of operationa.		
18. Informant Bruce Mills Fisher	Date of op.		
	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof Dec. 31,1948 (month) (may) (year)	Accident, suicide, or homicide. accident. Date of		
Cemetery or exemplose Shall DES 11 15th Maple	Where dld injury occur Man hour ting true on factorial (Dity or town) (County) (State)		
Location Seld Arrol Oa	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Charles R Bast	Means of Injury auto Collission Injured at work?		
Address Hancack, Md.	and that the pool		
12 19/48. AM JEllen	M. D. or other		
19. (Date rec'd hy registrar) Registrar	Address Faucod Date signed 42 1/X 5/20		



HIM NO. G 118 JAN 2		arles St., Baltimore	36 12858
Hum 10. G 118 JAN 2	5 1949 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 302
1. PLACE OF DEATH: Washi	ngtow	2. USUAL RESIDENCE (HOME) O. (For newborn infants give residence of State	mother)
City or town	rite RURAL and give nearest town)	City or town Hagerst	write RURAL and give narcest town)
Hospital, institution, or street diress where deads or	Street	Street No. 406 M. Jan. (If rygal, give	etter Street
How long in hospital or institution?		2.(a) If veteran, name war	
How long in above place of death? Hospital, inptitution, or street odress where death or the street oddress where death or the stre	les H. Foro	L	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
male negro ?	Vidawed	20. DATE OF DEATH DECEMBE	C 13 1948 at 74
8.(b) Name of husband or wife	de Ford	21. I CERTIFY that death occurred on the date abo	
7. Birth date of deceased (mo., day, yr.)	N 6, 1860	and that I last saw h Adddalive on	O ECEMBER 119. 19.
8. AGE: Years Months Day	tf less than one day	HYPOSTATIC	PNOUMONIA
9. Birthplace Not Knawn		Due to SENIVITY	00 104 00
9. Birthplace (Topm, eounty, 10. Usual occupation and the second of the	, , , , , , , , , , , , , , , , , , ,	Chronic alcusting	Jezo Halarett
11, Industry or business		- Underlying course	was
E - A - / }	· · · · · · · · · · · · · · · · · · ·	Dther conditions alteriocle	
13. Birthplace Note Known 14. Maiden name Note Known 15. Birthplace Note Known		(Include pregnancy within 3 r	nonths of death) -1/25/49 ak
14. Maiden name Nat Knaww 15. Birthplace Nat Knaww		Majar findings of aperations	
30 - (/ . 0	2, 0,		Date of op
16. Informant	ranch ++++	Aatopsy results	
12. 1	12/15/48	22. VIOLENCE: If death was due to external cau	ses, fill in the following;
(Burial, cremation, or represent, Which?)	e thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory Consumption	Cemetery.	Where did injury occur?(City or town) Injured at home, farm, industry, public place (w	(County) (State)
Location Malliam	H Downer	Means of Injury	Injured at work?
Address 29/ Fredrich	st Hagusto	www Mallan	Ilani M
19. Doe 15, 1948	Charl Bour	23. SIGNATURE	M. Dorother



2411 N. Charles St., Baltimore

12859

CERTIFICATE OF DEATH

					Reg. Dist. No		
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) 0 (For pewhorn infants give residence of	F DECEASED:	128	
/ West	ngton ern Pike	. Near	St. Panl's	State Maryland Cou	State Meryland County Washin ton		
(If outside city or town limits, write RURAL and give nearest town)				City or town Rung. 1			
How long in above place o Hospital, Institution, or s	How long in above place of death?						
				Street No			
How long in hospitat or I	nstitution?			2.(a) If veleran, name war			
3. (a) FULL NAME					3. (b) Social Security	Number	
Mary	Grace				none		
4. Sex	5. Color er raca		la, married, widowed, or divorced		ERTIFICATION		
Female	White	N	larried	20. DATE OF DEATH DECEMBER 24	2 19 48	,at 4:45 A	
6.(b) Name of husband or	wite Grov	er C.	Forsythe	2t. I CERTIFY that death occurred on the date abo	ve stated; that I attended dace	ased from	
		6.	(c) It alive, give ageyea	JANUARY 4, 1938	THE DECEMBER	<u> </u>	
7. Birth data of deceased (mo., day, yr.		14.1		and that I tast saw h E.R., alive on DEC		DURATION	
8. AGE: Years	Months	Days	It less than one day	CARCINOMA OF THE REC		4 YEARS	
57	1	21		n.		***************************************	
9. Birthplace	learspri	ng Na	ryland.	Þ		••••••	
10. Usual occupation			atate)		***************************************		
				Due to	***************************************	• • • • • • • • • • • • • • • • • • • •	
11. Industry or business	mee Hul	1		Other conditions DIABETES MEL	LITUS	3 YEARS	
	Penna .						
E 13. Birthplace		. Hul	1	(Include pregnancy within 3			
14. Malden name t5. Birthplace			T. 17	Major findings of operations. UARCI	Major findings of operations CARCINOMA OF RECTUM Date of op NOV. 17. 19.4		
		0	The second has			/.al <i>L.</i> .9l7.:	
			Forsythe Paul	PHYSICIAN: Please underline the cause to w	hich death should he charged	statistically.	
Addition		1	Wear St. Paul,	22. VIOLENCE: It death was due to external car	uses, till in the tollowing:		
(Burial, cremation,	or removal. Which?)	Bate the	(month) (day) (year)	Accident, suicide, or homicide	Date ot		
cemetery or crematory St. Paul's Cemetery				Whera did Injury occur?	Whera did Injury occur? (City or town) (County) (State)		
			r Clearspring,			******************************	
ta. Funeral director				Maans of Injury	Injured at work?	>	
			aryland.	6	00 for		
		0	.1 1	23. SIGNATURE Culte	M. D.		
10 Dec 27	istrar) 19.48	7724	flew Muss	Address CLEAR SPRING	MD Date signed.	12/27/48	

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The compressions: please write the causes of death clearly and legibly.

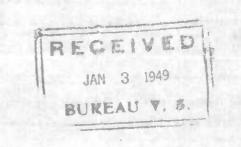
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PLAINLY, WITH WAFF is especially important.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

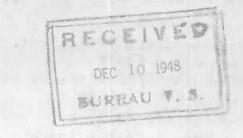
Reg. Dist. No. 302

	Reg. Dist. No.		
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Maryland county Washington		
Only or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
How long to above place of death?	Sireet No. 915 Corbett St.		
Pangborn Corp., Pangborn Blvd.	Street No. SLO VOLOGIA D. L. A. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name warnon-vet.		
3. (a) FULL NAME	3. (b) Social Security Number		
LUTHER MICHAEL FOUKE			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D. DATE OF DEATH		
8.(b) Name of husband or wite Angeline Berry Fouke	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from		
6.(c) If alive, give age54 yeare	1-4/ 10 10 Acc 6-4/10		
7. Birth date of deceased (mo., day, yr.) August 14, 1889	and that I last saw handle on the last saw handle of the last saw handle on the last saw handle of the last saw handle on the last saw handle on the last saw ha		
8. AGE: Yeare Months Daye If less than one day	Immediaie cause of death		
59 3 22hrsmia.	Contract to the second second		
9. Birthplace Hagerstom, Wash. Co., Md.	Due 10		
10. Usual occupation Forem an	B. J.		
11. Industry or business Sheet Metal Dept.	DUB TO		
質 12 Name James Fouke	Other conditions.		
3. Birthplace Shepherdstown, W. Va.,			
# 14. Malden name. Ina F. Lidy	(include pregnancy within 3 months of death)		
	Major findings of operations.		
2 15. Birthplace Hagerstown, Md.	Date of op.		
16. Informant Mrs. Angeline Fouke	Actopsy results.		
Address 915 Corbett St., Hagerstown, Md	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
	22. VIOLENCE: tf death was due to external causes, fill in the following:		
	Accident, euiclde, or homicide		
Cemetery or etemptory Rose Hill	Whera did Injury occur? (City or town) (County) (State)		
Location Hagerstown, Md.	tajured at home, farm, industry, public place (where?)		
18. Funeral director. W. T. Norment	Meane of Injury fnjured at work?		
	1511011		
Addrees Hagerstown, Md.	23. SIGNATURE M. D. or other		
19 Dec. 8. 19 48 phart Towers	Address Aguarda M. D. or other		
(Date rec'd by registrar) Registrar	Address Dafe signed		

ADING INK. Supply every item of information carefully. Ine correct age Physicians: please write the causes of death clearly and legibly. BINDING FOR MARGIN RESERVED PLAINLY, WITH UNF. is especially important. WRITE

PLEASE

SA



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)
County Washington Ragerstown Only or town (If outside city or town limits, write RURAL and give nearest town)	Slate W. V.2. County Berleley City or town Martinsburg (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL end give neerest town)
Hospital Institution, or alreet address where death occurred: Garlock Nursing Home	Street No. Tennesee Ave
1 Vear	(If rurel, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MRS LILLIE FREY	None
4. Sex 5. Calor er race 8.(a)Single, married, widowed, or divorcad	MEDICAL CERTIFICATION A
Female White Widow	2D. DATE DF DEATH. December 9 1948, alo. 50
6.(b) Nama of husband or wife. Joseph	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
7. Birth data of November 3.7. 3.965	Dec 15 1949 10 9 Dec 1948
7. Birth data of deceased (mo., day, yr.) November 17 1865	and that I last saw h LY alive on 9 Alex DURATION
8. AGE: Yeara Months Days If less than one day	and selection of death and Carry Vaguelor DURATION
83 0 22hrxmin.	dream min myounder faires du
8. Birlhplace Winchester Frederick Co. Va. (Town, county, end atote)	Due to to stock from feeliting net of ted on Thee 48
10. Usual occupation Housewife	.
11 todustry or business Own Home	Due 10
≝ 12. Name Joseph Funkhouser	Dther conditions
In all the state of the state o	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Maiden name Elizabeth Beeler 15. Birthplace Hagerstown Md. Mrs. M.J. Hennesy	Dale of op.
16. Informant Mrs. M. J. Hennesy	Actorsy results. PHYSICIAN: Please underline the cause to which death ahould be charged statistically.
Address Big Pool Md.	
17. Burial Date Ihereof 12/11/48 (Buriel, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Tuesdess. Date of 7 Dec 48
Cemetery or crematory Rose Dale Cemetery	Whera did Injury occur?
Location Martinsburg W. Va.	Injured al home, farm, Industry, public place (where?) ware (Nursery, Army)
18. Funeral director Andrew K. Coffman	Maana of Injury Fell Hell of bed tojured at work? My
Addresa Hagerstown Md	J J Typhu
1 - 10 18 Chastillanisers	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address 2 30 Nr rung Date signed 10 New XX

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE SA

Control of the Contro



	PARTMENT OF HEALTH
The state of the second of the court of the	a St., Baltimore
CERTIFICAT	E OF DEATH Reg. Diat. No. 30 6
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Masshus glor	(For newborn infants give residence of mother)
Cily or town Chesos elle Smitishu, #2	State Ma County Mashing Low
(if notside city or town profits, write URAL and give neasest town)	City or town. (If not side city or town limits, write RURAL and give nearest town)
Her long in above place of death?	
^ ·_	Streef No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME O AD.	3. (b) Social Security Number
mrs Sallie Oswald Tre	4
4. Sex 5. Color or race b.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
Temple White Wishowed	20. DATE OF DEATH. LP C 19 19.4 (st 1) P
6.(b) Name of husband or wife Dentary Justin	21. I CERHFY that death occurred on the date above stated; that I attempted deceased from
7. Birth date of	184 S., 10 Jec 7 194 S.
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
83 3 /9hrsmin.	
8. Birthplace Pear Smithsbrig	Due to Certeuro - S clarond 10mm
(Town, county, and state)	Generalization
1D. Usual occupation	Due to.
11. Industry or business	
12. Name Dengina Duola	Other conditions
13. Birthplace Many Smithsburg	(Include pregnancy within 3 months of death)
14. Maiden name Solkho Jack	Major fludings of operations
2 15. Birthplace near Smithsburg	Date of op.
18. Interment Mrs Peuton Box 7	Autopsy results
Address Smithstera R. F. D. #2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 12-22 116	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory. At Let Saltan Classifing.	Where did injury occur? (City or town) (County) (State)
Location Nollswille Md	injured at home, farm, industry, public place (where?)
Walter 10. Stanton	Means of Injury tnjured at work?
Address 278 Character At Warmanhara To.	
and a second of the second of	23. SIGNATURE M. D. progethyr
(Date rec'd by registrar) (Date rec'd by registrar)	at an ella tour a 149 al.
(Date red by registrary	Address Date signed Date signed



WRITE

PLEASE

1. PLACE OF DEATH:

MARVIANI	TATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore

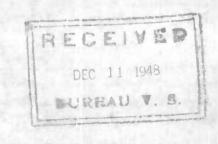
1248

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

12863 Reg. Dist. No. 3.05.....

County	mandallandit
City or town	State Maryland county With Mighting
How long in above place of death?	City or town
How long in above place of death?	
Sulford Mursing Home:	Street No. D. P. (If roral, give LOCATION)
How long In hospital of Institution? The Usella	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
How Que hallo	har. 217-28-5608
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Witte Widowed	20. DATE OF DEATH. See 7 4 19 48 , at 8. 5 4. M
6.(6) Name of husband or wife 12 atie Schlee Gallaher	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	nov 4" 1948 10 Sec. 7 - 1941
7. Birth date of Vo 0.3 1 C/1 7	and that I last saw him alive on See 6" 194"
	Immediate cause of death
o. Adl.	Cischous of Lier. 1m. 3 day
8 6 14hrsmin.	·
9. Birthplace 13 Ornal Too Little - Co Md.	Due to
10. Usual occupation Retired Bars Jender.	
	Due to
11. Industry or business	
E 12. Name	Dther conditions
\$ 13. Birthplace Bookshop Wash, Co. Md.	(Include pregnancy within 8 months of death)
14 Maiden name Chia Cleu Dallahan	Major fiedings of operations
15. Birthplace Urach. Co. Md.	Major nodings of operations. Date of op
m. allatin Dud	
18, Informant	Autopsy results
Address Boonsho md.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burial, cremotion, or removal, Which?) Date thereof. Date, 9, 1948 (month) (day) (year)	Accident, suicide, or homicide
G. I Const	Where did injury occur? (City or town) (County) (State)
Centere y or Centerory	
Location Bornalis Ma	Injured at home, farm, Industry, public place (where?)
18 Funeral director TUM 3 - 15 and 4 Song	Meens of injury Injured at work?
Address Brouston md.	23. SIGNATURE Athelast Made. M. B
Dog a way I.D. H. Book	M. D. on other
(Date rec'd by registrar) Registrar	Address / Zanstons Ml. Date signed / 2/8/48.



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		307.
Reg.	Diat.	No. 3022

	Reg. Dist. No.
1. PLACE OF DEATH: COUNTY Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State M aryland County Washington
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?30	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 336 S. Locust St.
Washington County Hospital	(If rural, give LOCATION)
How long in hospital or institution? 10 days	2.(a) If veteran, name warnon-vet.
3. (a) FULL NAME	3. (b) Social Security Number
EITHEL FLORENCE GARRE	TT none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH December 20, 1848, 21 3:05 A. M
S.(b) Name of husband or wife Irving Garrett	21. I CERTIFY that death occurred on the date above stated; that patiended deceased from
	December 9, 1948 10 Dec, 20, 1948
7. Birth date of	and that I last saw head alive on December 19, 19 48
deceased (mo., day, yr.) March 31, 1888	Immediais cause of death Conscionmentaries DURATION
8. AGE: Years Months Days it less than one day	general of abdominal carety
60 8 11hrsmin.	(Robobler) primary in extende ?
9. Birthpiace Front Royal, Warren Co., Va.	Oue to.
1D. Usual occupationHousewife	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Patrick Henry 13. Birthplace Front Royal, Va.	Other conditions
13. Birthplace Front Royal, Va.	(Include pregnangy within 3 months of death)
# 14. Malden name Eliza Ramey	
Enon+ Porrol Va	Major findings of operations Alex, 13 - Henrich Cares -
14. Maiden name Eliza Ramey 15. Birthplace Front Royal, Va.	monatoris of aldonna Bate of op Dace . 13, 1948.
16. informant Mrs. Pauline Miller - Daughter	Antopsy results.
Address South Potomac St., Hag., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal. Which?) But thereof 12/23/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did Injury occur?
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. T. Norment	Means of Injury Injured 21 WOK?
Address Hagerstown, Md.	The Soul
A 100 11/1 11	23. SIGNATURE M. D. or other
19. Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Hagereton Ms. Date signed 12/21/48



1. PLACE OF DEATH:

County ...

1 Irashma

How long in above place of death?

How long in hospital or instilution?...

6.(b) Name of husband or wife ..

deceased (mo., day, yr.)

11 Industry or business

Address

7. Birth date of

8. AGE:

3. (a) FULL NAME

Hospital, Institution, or street address where death occurred

ammu,

Harry

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) (If outside city or town timits, write RURAL and give nearest town

Reg. Diat. No.

3. (b) Social Security Number

Street No. (If rural, give COCATION) 2.(a) if veteran, name war.

MEDICAL CERTIFICATION

(Include pregnancy within 8 months of death)

Major findings of operations

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur? (State) (City or town) (County)

Injured at home, farm, Industry, public place (where?)

Injured at work? Means of injury

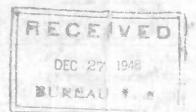
(Date rec'd by registrar)

Registrar

6.(a) Single, married, widowed,

It less than one day

Date thereof Oec, 21.1948.



ect age

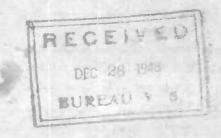
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How leng in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Pural Route #1
Washington County Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
May Edward H	ager None
4. Sex 5. Celor er race / 6.(a) Single, married, widewed, or diverced	MEDICAL CERTIFICATION
Male white	20. DATE OF DEATH 12/25 1948 31 5:45 AM
0 (L) Name of husband or mile	21. I CERTIFY that death occurred on the date above stated; that I atlended decassed from
8,6) Name of husband er wife	12/23 1948 10 12/25 1948
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days It less than ene day	Benedicheragonous 2 des
6 8 0hrs,min.	
9. Birtholace Austria	Oue to.
(Town, county, and state)	
10. Usual eccupation	Que to
11. Industry er business	
12 Name Roy Lester Hager	Other cenditiens
13. Birthplace Greencastle R. D#	
M / / /	(Include pregnancy within 8 months of death)
4 / /	Major findings of operations
15. Birthplace Austria	Date of op.
16. Informant Acy Tantan I forget	Antopsy results
Address Lase the RB. #1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n 1 10/00/10	22. VIOLENCE: if death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery Speling Etale Come fley	Where did injury occur?
Location Leimoster B	Injured at heme, farm, industry, public place (where?)
0 1-71 a C 1 Charles	Means et Injury Injured at work?
18. Funeral director Jest Hoven Huner J wagset	
Address Hagerstown Md. Rolph M Martin	Messer u. 1)
whee of use Poleasti Anceros	23 SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Fleenesti, to Bata cloud 12/26/44



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

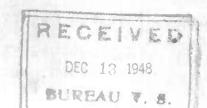
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			30	
Reg	Dist	No	20	-

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Couoly City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 37 Fairground Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Clara Louise Hawthorne	NONE
Female S. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 12/8 — 1948 at 6:0
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. 10. 11. and that I last saw examine on 11. Immediate cause of death occurred of the control of the c
S. Birthplace Hagerstown, Wash. Co. Md. (Town, eounty, and atate) 10. Usual occupation. Retired Superviser 11. Industry or business 12. Name Theordore Hawthorne 13. Sightplace Hagerstown, Maryland	Due to
Sara Jane Del Lanhans 14. Maiden name. Sara Jane Del Lanhans 15. Birthplace France 16. informant Mrs. Rebecca Stevenson Address Hagel stown, Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Burial Date thereof 12-11-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Hagerstown Maryland	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director C. M. Suter & Sons Address Hagerstown, Maryland 19. (Date ree'd by registrar) (Date ree'd by registrar) Registrar	Meens of injury Injured at work? 23. SIGNATURE

ould be charged statistically. foitowing; (State) red at work? M. D. or other Registrar | Address....



A STATE OF THE PARTY OF THE PAR

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrects especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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12868

CERTIFICATE OF DEATH

Dist No 30Z

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county/ Washington	(For prowhern infanta give residence of mother)		
City or town Hagers town limits, write RURAL and give nearest town)	State Maryland. County Washington		
How long in above place of death?	City or town		
How long in above place of death?	Street No. 233 Frederick Street		
233 Frederick Street	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
The second secon			
3. (a) FULL NAME	3. (b) Social Security Number		
Della A. Haynes	None		
4. Ses 5. Celor ar race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH 19 4 21 0 M		
	21. I CERTIFY that death occurred on the dato above plated: that I attended deceased from		
8,(b) Name of husband or wife	19 1 4 10 ALCU 19 18		
T. Birth date of Robert 7 ONE	and that I last saw he Calivo on the State of the State o		
T. Birth date of deceased (mo., day, yr.) Feb. 7, 1875	VII		
8. AGE: Years Months Days tf less than one day	Immediate cause of death and the services Store		
73 9 28hrsmin.			
9. Birthplace Boonsboro, Wash, Co. Maryland.	Oue to		
10. Usual occupation Home Duties			
	Due to.		
11. industry or business	Children Sun		
12. Namo	Other conditions		
3. Birthplace Beaver Creek, Md.	(Include pregnancy within 3 months of death)		
# 14. Maiden name Susan Miller			
	Major findings of operations.		
	Date of op		
16. Informant Roger E. Haynes Hagerstow	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 168 E. Washington St. Md.			
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Bate thereof Dec. 8.3. 1948. (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Boonsboro Cemetery	Whore did injury occur? (City or town) (County) (State)		
Location Boonsboro, Laryland	Injured at home, farm, industry, public placo (where?)		
18. Funeral director. Pred W. Kraiss	Meens of injury tnjured at work?		
Address Hagerstown, Maryland ,	DIDeadly 4,0		
	23. SIGNATURE M. D. of other		
19. Dec. 8. 1948 CharthBowers,	Hogerom M Bata signed 16/4		

STREET, ALBERT DATE OF STREET

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DEC 1948

BURRAU T. A.

NFADING INK. Supply every item of information carefully of. Physicians: please write the causes of death clearly and

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12869

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	
1. PLACE OF DEATH: County Washing ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City of town Has erstown (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? 18 years	State Maryland Coucty Washington City or town Hagers town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: 2410 Virginia Ave.	Street No. 2410 Virginia (If rurel, give LOCATION)	
How long in hospital or institution?	2.(a) It veleren, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
George Conrad Henson	716-03-2042	
4. Sex 5. Color er race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH December 24 1948 at 10:30	
6.(b) Name of husband or wife Helen V.	21. I CERTIFY that death occurred on the date above stated; that Vallended decessed from	
7. Birth date of	New 24-400 10 Ase 24-410	
7. Birth date of deceased (mo., day. yr.) Oct. 19, 1882	and that I last saw salve on Alexander 4 9 13	
8. AGE: Years Months Days It less than one day	Immediate cause of death	
66 2 5hrsmin.	2 44	
9. Birthplace Downsville Wash Cty Mda (Town, county, and state) 10. Usual occupation Laborer, retired	Due to the same May take y	
	Que to	
11. Industry or business Penna. Rwy. Co.		
John Henson 13. Birthplace Downsville, Md.	Other conditions	
	(include pregnoncy within 8 months of death)	
	Major findings of operatinos.	
	Qate ot op.	
18. Informant Raymond S. Henson	Actors y results	
Address Hagerstown, Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
Burial Bate therest Dec. 28, 1948 (Buriol, cremation, or removal. Which?)	ZZ. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
(Buriel, cremation, or removal. Which?) (month) (doy) (year) Cemetery or crematory Lanor Cemetery	Where did injury occur?	
Location Tilghuanton, Md.	Injured at home, farm, Industry, public place (where?) Meens of injury tnjured at work?	
18. Funeral director	meens or mighty might at a modifi	
Address, Hagerstown, Md.	23. SIGNATURE TWO ONLY	
19. Dec 27 19. 48 Chaff Bowell, Registrar	Address Dato signed Dato signed	



2411 N. Charles St., Baltimore

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.Date signed .:

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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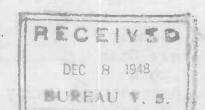
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CED	TIFI	CA	TE	OF	DEA	TH
CER				Ur	ULA	

CERTIFICAT	TE OF DEATH Reg. Diat. No.
PLACE OF DEATH: Ounty Washington Ity of town Hagerstown (If outside city or town limits, write RURAL and give nearest town) ow long in above place of death? 2 weeks. Ospital, institution, or street address where death occurred: 834 Chestnut S treet ow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
MARY DOROTHY HILL	none
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
(b) Name of husband or wifeWill iam Hill 6.(c) If alive, give age	and that I last saw h L alive on LON - 27 Immediate cause of death OCCUSION - DURATION DURATION
Birthplace Rural-Leiters burg, Wash.Co., Molicology Burgers Burgers Wash.Co., Molicology Burgers Burge	Due to
15. Birthplace Maryland 16. Informant. Mr. Ralph Z eigler (son) Address Waynesboro, Pa. 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelery or exemples. Long Meadow Location Washington Co., Md. 18. Funeral director W. T. Norment Address Hagerstown, Md.	Where did injury occur?
19 Dec. 6. 19 48 Chash Bowest	23. SIGNATURE M. D. or other Delegisted W. D. or other

Registrar

Address.



2411 N. Charles St., Baltimore

CE

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

2.(a) ff veteran, name war.....

State Maryland County Washington Hagerstown

(If outside eity or town limits, write RURAL and give nearest town) South Potomac Street (If rural, give LOCATION)

			,		61
P	TIFI	CATE	OF	DEATH	

City or town.....

Reg. Diat. No.

/		CERTIFICAT			
1. PLACE OF DEA	TH:				
County.	Wash	nington			
City or town Hag	erstown,	Maryland its, write RURAL and give nearest town)			
		Life			
How long in above place of Hospital, institution, or	of death?				
117 Sout	h Potomac	Street			
How long in hospital or					
3. (a) FULL NAME	111011111111111111111111111111111111111				
S. (a) FULL NAME	Natta	Hoffman			
	5. Color or race	6.(a)Single, married, widowed, or divorced			
4. Sex					
Female	White	Single			
6.(b) Name of husband of	r wite				
7. Birth date of	***************************************	6.(c) If alive, give ageyears			
deceased (mo., day, yr	octobe:	r 15, 1870			
8. AGE: Years	_	Days It less than one day			
78	1	21hrsmin.			
Bes	ver Cree	k. Wash. Co. Md.			
9. Birtinpiace	(Town, ec	ounty, and state)			
10. Usual occupation	Housew	ork			
11. Industry or business					
置 12 Name JC	seph T.	Hoffman			
12. NameJC	gerstown	. Maryland			
t4. Maiden name	Mary Mco	autoy			
		eek, Maryland			
16. Intermant	Ars. A. P	. Stauffer			
Address Hagerstown, Maryland					
17. Burial Date thereof 12-8-48 (month) (day) (year)					
Cemetery or crematory Rose Hill Cemetery					
Location		own, Maryland			
18. Funeral director	C. M. S	uter & Sons			
Address	Hacarataum Manuland				
// <	7	Melle 1 Hours			
19. (Date ree'd by ree	19 48	Registrar			

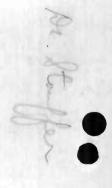
		3. (b) Social Security NONE	Number
d	MEDICAL CER	RTIFICATION	FARTER
	20. DATE OF DEATH. Dec. 5.	19.4-8	at 9 a.
years	21. I CERTIFY that death occurred on the date above 15 ft. 25 g 19 4 and that I last saw h. & alive on 8.6	to dec 5	19.45 19.45
	Immediate cause of death		. DURATION
min.	Coronary occlusio		hunntes
•	Control of the contro	heart diseas	
	Due to		
	Other conditions		
	(Include pregnancy within 3 mo	nths of death)	
	Major findings of operations		
	major madiags of operations.		
	Antopsy results.		
	PHYSICIAN: Please underline the cause to which	h death should be charged	statistically.
	22. VIOLENCE: It death was due to external cause	s, fill in the following:	
yenr)	Accident, suicide, or homicide	Date of	
	Where did injury occur?(City or town)	(County)	(State)
	Injured at home, farm, Industry, public place (when	re?)	
	Means of Injury	Injured at work?	
	23. SIGNATURE A.S. Stauff Address / Legerstonn M	be, M. D.	an other
Registrar	Address / Legerstown M	Date signed	Dec 6, 19+8

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly BINDING FOR RESERVED MARGIN

important.

PLEASE WRITE

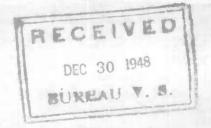




CERTIFICATE	OF STHABIRA	H 15	Reg. Dist. No.
est he filed within 24 hours for eve	ery still hirth of 20 weeks' ges	station or r	more (see stuh)

	A certificate must be med within 24 hours for ever	y Still	Tonth of 20 weeks gestation of more (see stub)
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington		State Maryland
	City or town Hagerstown		County Washington
	(If outside city or town limits, write RURAL and give nearest town)		City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
	Street address, hospital, or institution: 413 Elizabeth Street		(If outside city or town limits, write RURAL and give nearest town)
	Length of mother's stay in County		Street No. 413 Elizabeth St (If RURAL give LOCATION)
		11	Doc 2 40 5 17 7
	Name of child artin Luther Hussong, Jr	4.	Date of birth Dec. 24 19 48 Hour. 3:45 PM.
5.	Sex Male 6. Twin or triplet. No	7.	No. of weeks pregnancy
	FATHER OF CHILD		MOTHER OF CHILD
	Full name Martin L. Hussong		Full maiden name Mary F. Riley
	Color	13.	Color
11.	Usual occupation Brakmn Penna. Hail Road	15.	Usual occupation Hone Duties
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now dea		How many children of this mother are now living? 6 (c) How many other children were born dead?
	Did child die before labor?	21.	Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Prematurity (6 1/2 mon)
19.	Labor: (a) Complications of None		(b) Maternal causes
	(b) Induced?		
20.	(a) Was there an operation for delivery? NO (Yes or No)	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if any		16 11
			Signature (Specify it M/D., midwife/or other)
	(c) Did child die before operation?		- 1.
	During operation?		Address 148 N. Potomac Sta, Hagerstow
23.	(a) Burial (b) Date thereof Dec. 28, 1 (Burial, cremation or removal) (c) Cemetery or crematory ose Hill Cemetery (a) Funeral director Fred W. Kraiss (b) Address 1330 N. Potomac St. Hazerst	25.	(a) Nec. 28. (448 (b) Chost Cours (Registrar)
21	(a) Funeral director Fred W. Kraiss	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
44.	(b) Address 139 N. Potomac St. Hagerst	OWY	3" (1 -
-	(0) 1144100	[1	Health Officer, per

• See Instruction C on stub.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	State Maruland county Washington
City of town. (If spriside city or town limits, write RURAL and give nearest town)	0 3 12
How long in above place of death? The dace	(If outside city or town limits, write RURAL and give nesrest town)
Hospital Institution or street address where death occurred:	Streel No. Main St.
Wash, Co. Hospital	(IT FUFAL, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah E. Jaemmars	hone
4. Sex 5. Color or race 6.(a) Single, married, widuwed, or divorced	MEDICAL CERTIFICATION 40
Demale White Single	2D. DATE OF DEATH. December 1948, at 10 N
8.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altanded deceased from
6.(c) If alive, give ageyears	Nov. 24 1948 10 2007 1 1948
7. Birth date of	and that I last saw if
deceased (mo., day, yr.) Settorulus & - 1 6 6 8. AGE: Years Moths Days If less than one day	Immediate cause of death all the form of the free free DURATION
8 2 3hrsmin.	Nersonetran Remobilieriand.
a supplier Dunile atomis Wash. Co. md.	
9. Birthplace	Due to 1000
10. Usual occupation Retired School Jeacher	adhesion & post
11. Industry or business \track. Co. Seland.	operative, operation 20 years
= 12 Name Orthur S. Servinges	Other conditions.
12. Name Cotture S. Servinges 13. Birthplace June atom Wash, Co. md.	(Include pregnancy within 3 months of death)
	Major findings of aperations.
01110	as alove Dale of op.
16. Interment Robert K. Jalumger	Autopsy results
Address Junkston md-	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?) (month) (day) (year)	Accident, Suicide, or homicide
Prince Consistent	Where did injury occur?(City or town) (County) (State)
Cametery or crematory	
Location June 15th YVG	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Type 3 - Oast 4 Sous	Chia (fi
Address, Booustong md.	Milips dilles
Der 3 118 Whash Brevero	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Addres Wash Co Drusp Date signed 12-1-48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



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2411 N. Charles St., Baltis	nore
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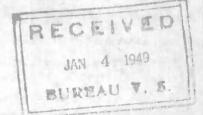
CERTIFICATE OF DEATH

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' 2411 N. Char	rlea St., Baltimore
CERTIFICA	TE OF DEATH Reg. Diat. No.
County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? How long in above place of dealh? Hospital, institution, or street ddress where seath occurred:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) Slate
436 N. Jouathau Shul How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME James Frankling Ja	3. (b) Social Security Number 214-09-9212
Male Regio Married, widowed, or divorced Male Regio	MEDICAL CERTIFICATION About 20. DATE OF DEATH Le 29 1978, 21 3:3:
6.(6) Name of husband or wife Willetta Woldie Jackson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 9/19/19/2	and that I last saw halive on
8. AGE: Years Month's Days tt less than one day 36, 3 10	Caphylia form elluminating
8. Birthplace Skarpshura, Wash. Md. (Town county, and state)	pare for
10. Usual occupation	Due to
12. Name Robert Jackson 13. Birthpiace Sharpshurg, nd.	Other conditions (Include pregnency within 3 months of death)
14. Maiden name Galus King 15. Birtholace Sharpshurg mds	Major findings of operations
16. Informant Mrs. W. Galdie Jackson	Autopsy results PHYSICIAN: Please maderline the cause to which death should he charged statistically.
Address 700 10. Sanstran Social 17. Burish (Burial, cremation, or removal, Which?) Bate therael. (month) (day) (year)	22. VIOLENCE: the death was due to external causes, till in the following: Accident, suicide, or homicite the following Date of Control of Con
Cometery or crepatory Jolaton C Kapal Cernatery	Where did Injury occur? (City or town) (County) (State) Injurged al home, farm, Industry, public place (where?)
18. Funeral director Stillings H. Dawney	moons of injury centuring gas painting injured at work? No
10 Janl, 10 49 Chadfelower	23. SIGNATURY Toller & Miller WASH, CO., MI M. D. OMBERT TOLOGY MAJOR SINGER 31

FOR BINDING MARGIN RESERVED

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WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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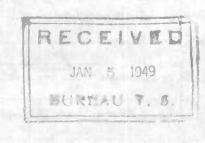
CERTIFICATE OF DEATH

Rev. Dist. No. 302

			the state of the same of the s		
1. PLACE OF DEATH:	Was	shingt	on	2. USUAL RESIDENCE (HOME) OF DECEASED: (For product infants give residence of mother)	
County			WAY .	Maryland Washington	
City of town(If outside	eity or town i	imits, write-	URAL and give nearest town)	Hoganatown	
How long in above place of deat	h?	22 1	ears	Cily or lown	nearest town)
Hoapital, Institution, or street	address where	death occurred	Hognital	Street No. 20 North Ave.	
masuring	0011 00	1 ho	Hospital	(If rurs), give LOCATION)	
How long in hospital or Institu	tion?	т по	W.L	2.(a) If veleran, name war	
3. (a) FULL NAME	3000			3. (b) Social Secur	ity Number
		Nett	ie M. Jaynes	217-28-8	040
4. Sax 5. Co	or or race	6.(a)Single	a, married, widowad, or divorced	MEDICAL CERTIFICATION	
Female W	hite	Ma	rried	December 19 48	6:40 P
	Sia	new R	Jaynes	2D, DATE OF DEATH	
8.(b) Nama of huaband or wife	****************			21. I CERTIFY that death occurred on the date above stated; that I attended	
7. Birth data of A) If alivo, givo age	Recepted 19	
7. Birth data of Adecaased (mo., day, yr.)	pril	5, 189	37	and that I last aaw h. L.A. alivo on December 19	19.7
	Montha	Days	It tess than one day	Immediate cause of death	DURATION >
51	8	14	hrami	Cerebral hemouloge	2 homs
York	Yor	k Co.	Fa.		
9. Birthplace	(Town,	, county, and s	itate)	Due to	***************************************
1D. Vauat occupation	Hom	se Wif	?e		
11, industry or businesa		Home		Duo to	
- 10	hn La	ndis		Other Additions Vas Evilar hy pertens un	peruse
12. Namo	ork C	o. Pa.		Differ conditions serviced arterior selevises	Years
and the same of th				(Include preguney within 3 months of death)	
14. Maiden name				Major findiogs of operations. Mule	
2 15. Birthplace	York	Co., 1	enna.		
16. Interment Si	dney	B. Jay	ynes	Autopsy results Date of op.	
He	gerst	own 1	Wd.	PHYSICIAN: Please underline the cause to which death should be char	ged statistically.
Address			12-23-48	22. VIOLENCE: tf death was due to external causes, fitl in the following:	
17. (Burial, cremation, or ren	noval. Which	Bate there	(month) (day) (year)	Accidant, sutcido, or homicide	
Complete or exemptors	Gree	II MOUI	it cemetery	Where did injury occur?	(State)
York, Penna.				Injured at home, farm, Industry, public place (where?)	(Diate)
Location	Saatt	TP 1/2	freed -1- 0 o		
18. Funerat diractor	Hores	r. M.	innich & Son	means of Injury implied at work!	
Address	age1	S DOWII	MICL.	I THE MARKET MIT	
1) 71	148	1 /	teasth Brines	7 A M.	D. or other
19. (Date rec'd by registrar	19 7	Sal	Registr	address tog exture pod Date sign	8710c/c1 peu

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RECEIVED DEC 27 1948 MARENU V. S.



From the Constitution of t

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	_
2. USUAL RESIDENCE (HOME) OF DECEASED:	-
(For newhorn infants give residence of mother)	
State Mariffana County Washington	
City or 10mg Hagerplane	
(If outside city of town limits, write RURAL and give nearest town)	
Street No. La Ruly arence	
(If rural, give LOCATION)	

1 Washington	(For newhorn infants give residence of mother),
County The Act of Tall (1)	State Maryland county Washington
(If our ide city or town, limits, write RURAL and give nearest town)	Hagerstone ()
How long in above place of death? Spears	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address there death occurred:	Street No. 22 Ruly arence
County Jack	(If rura) vive LOCATION)
How long in hospital or institution of tweet	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Whitfield Johnson	216-14-6673
4. Sex S. Color er race (6.(a) Single, married, Adowed, or divorced	MEDICAL CERTIFICATION
male Regro Verigle	2D. DATE OF DEATH December 16 19.48 21/2:50
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(6) Name of husband or wife	
7. Birth date of	and that t last eaw halive on
deceased (mo., day, yr.) Replember 22, 1914	Immediate cause of death
8. AGE: Years Monthe Daye If leee than one day	Parte langely presence t
34 2 23min.	Of purplession
Burkittsville, md.	Due to.
Town, county, and state)	
1D. Veual occupation aware	Due to
11. Industry or Ausiness	
12. Name who William Johnson 13. Birthplace Middletone, Md	Dther conditions
\$ 13. Birthylice Middletsger, Mad	
500	(Include pregnancy within 3 months of death) Major findings of aperatises
14. Maiden name Magge Johnson 15. Birtholge Middletown Md.	major nadaga of aperadasa
18. Informant John William Johnson	Autopsy results
Address Middletown, md.	PHYStCIAN: Please underline the cause to which death shootd he charged statistically.
12-20-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal. Which?) (Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Shurk Stroutes	Whore did Injury occur?
Location favor by the think	tnjured at home, farm, Industry, public place (where?)
18. Funeral director State of the American State of the S	Meags of Injured at work?
	4 1 1 1 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1

Registrar

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Address

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 302

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County a shin ton				State Maryland . county Washingto	n
City or town.	e eity or town lin	nits, write RI	URAL and give nearest town)		
How long in above place of de	th? 24 V	ears	***************************************	City or town	rest town)
Hospital, Institution, or stree	address where d	eath occurred:		Street No. 21 W. Antietam Street	
21 V. A	ntietam	Sta		(If rural, give LOCATION)	
How long in hospital or Insti	ulion?	•••••		2.(a) Il veleran, name war	
3. (a) FULL NAME				3. (b) Social Security	
Lussel	Gilb	ert	Jones	216-01-092	12
4. Sex 5. 0	Color er race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White.	M	arried	20. DATE OF DEATH LECA 29 1948	10.00g
6.(b) Name of husband or wi	e Franc	is E.	Jones	21. I CERTIFY that death occurred on the date above stated; that I altended dece	sed from
***************************************		6.(c	e) II alive, give ageyears	and that I last saw h was alive on Dec , 29,	1948
7. Birth date of deceased (mo., day, yr.)	March	11.1	895	Immediate cause of death.	DURATION
8. AGE: Years	Months	Days	If less than one day	Atthorousing Cordes-	
63	9	17	hrs min.	Rose P. Drees	1
	7	4 5	7 3	Oue 10.	141-1
9. Birthplace	(Town,	eounty, and	Jand.	UUE 1U	
10 Usual occupation	Govern	ment	Employee	Out to	
11. Industry or business				oue to	
	Tone	C		Other conditions	44
F			problem (2 to the facility of the		
	The second secon			(Include pregnancy within 3 months of death)	
王 14. Malden name	1.3 Fy	• nus	miselle	Major findings of operations. Manuel	
15. Birthplace	Hiddle	burg,	Va.		
14. Malden name	s. Fran	cis J	ones	Autopsy results MO	
91	W. nt	is to m	St. Hage stow	Autopsy results. HYSICTAN: Please underline the couse to which death should be charged	statisticelly.
Addica-			mary lan	22. VIOLENCE: If death was due to external causes, Illi in the following;	
17. Buria	removal Which?)	Bate ther	eol. Dec. 31, 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Recensions Cemetery				Where did Inju:y occur? (City or town) (County)	(State)
	Terger			Injured at home, farm, Industry, public place (where?)	38 *** 38 *** *** *** *** *** *** *** **
Location Kersersburg, Penna. 18. Funeral director, Fred. W. Kraiss				Means of injury tnjured at work?	
18. Funeral director	Fred.	We KI	A.1.5.5	111 011	
Address	Hagers	town	Taryland. /	23. SIGNATURE W Novan of Loger	
her 3	148	6 Ges	20 HBowers.	M. D.	or other
19. (Dute rec'd by registr	/		Registra	Address Date signed	- J

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BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No. 303
1 PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Urashington City or lown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. S. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4 Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male. White married	20. DATE OF DEATH Keember 29 1948, at 5 A
8, (b) Name of husband or wife Hettie Q. Kephat 8, (c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Notember 19, 45 to December 19, 4 &
7. Birth date of deceased (mo., day, yr.) While - 17 - 1867	and that I last saw h Malive on Delember 2 5 19 4 6
8. AGE: Years Months Days It less than one day	Df 91
9. Birtholace Nes. Middleton Fred, Co. md	Due 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Usual occupation Retried Arust Grover	Due to
11 Industry or business 12. Name Henry Xelshart	
12. Name	Diher conditions
14. Maiden name Drauss Yourkins 15. Birthplace Drid. Co. Wd.	(Include pregnancy within 3 months of death) Major findings of operations.
Na 1 11 11	Date of op
18. Informant 1100 Joseph Statement	Autopsy results
17 Burial Barrill, cremation, or removal. Which?) Date thereof. D.C., 31-1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Boouslino md.	tnjured at home, farm, industry, public place (where?)
18 Funeral director UTW J. (Sast 4 Sous	Means of Injury tnjured at work?
Address Boonstons md	23. SIGNATURE DIVILIBRY M. O
19. Dee 13 1. (Dato rec'd by registrar) 19. 4 9 A. Bast Registrar	Address Browsboro Date signed 1/3d/4

ADING INK. Supply every item of information careful Physicians: please write the causes of death clearly an MARGIN RESERVED FOR BINDING

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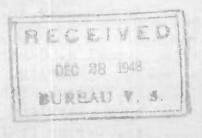
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. 302

Address 148 W. WAS Rimbon ST. Oate signed 12-24-48:

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) county Washington State Maryland county Washington Hagerstown City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, institution, or street address where death occurred: 823 Virginia Avenue 823 Virginia Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. non-vet. How long in hospital or institution?.... 3. (a) FULL NAME 3, (b) Social Security Number KREPS ALVERTA none 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION not Female White Widow 20 DATE OF DEATH December 22 19 48 at Known M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ... Stover E. Kreps .6.(c) If alive, give age .. 7. Birth date of November 26, 1879 deceased (mo., day, yr.) ti tess than one day 8. AGE: Beaver Creek, Washington Co. Md fue to (Town, county, and atote) Housewife 10. Usual occupation... 11. Industry or business 12 Name Samuel M. Gantz 13. Birthplace Maryland (Include pregnancy within 3 months of death) Effie B. Fahrney 14. Malden name..... Major fiedings of operations Maryland 16. Informant Mrs. Bertha Davis PHYSICIAN: Please underline the cause to which death should be charged statistically. Smithburg. Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Burial (Burial, cremation, or removal, Which?) Date thereof.. Accident, suicide, or homicide..... Where did Injury occur? Cemetery or crematory Rest Haven Cemetery (State) (County) (City or town) Hagerstown, Md. injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. W. T. Norment Hagerstown. Md. 23. SIGNATURE



PLEASE WRITE

VS

1. PLACE OF DEATH: 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

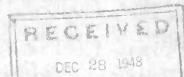
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

12881

Reg. Dist. No. 302

County / / Washington	(For rewborn infants give residence of mother)
1/2 - 1 - 1 - 1	State Maryland county Washington
City op fown (17 Attaide city or town limits, write RURAL and give long in above place of death?	e nearest town) Haresotaure
How long in above place of death? & Jeans	(if outside cytylor town limits, write RURAL and green nearest town)
Hospital, institution, or street address where death occurred	Street No. 34/ 91. Yourthan Street
371 16. Janathan Skel	(If urol, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
W. J. F. F.	
Coners 1.0	Ceafins 214-89-9773
4. Sex 5. Color ar race 6.(a) Single, married, widow	ed, or divorced MEDICAL CERTIFICATION
male Negro Single	20. DAYE DE DEATH DECEMBER 20, 15 8, a) 7:10 M
	21. I CERTIFY that death accurred on the date above stated: that I attended deceased from
B,(b) Name of husband or wife	
7. Birth date of	geyears
7. Birth date of deceased (mo., day, yr.) 1884	and that t tast saw h
8. AGE: Years Months Days It less than	Immediate cause of death
6. AGE.	Carlie Masso
64. In the	aterio schendia
9. Birtholace Winchester Va.	Due to Carana heart diseased
(Town, county, and state)	
10. Usual occupation Laborer	
	Due to
11. Industry or business	
= 12. Name Could academs	Dither conditions
3 13. Birthplace Winelester, 7/a	
Mary Stimmed	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
2 15. Birthplage Winchester, Va	
III O AL IA THE A SOUTH O WALL	
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Concerne, Val.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burish Bate thereof 12	14741
17. (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremotory Rese Helb Cemel	Where did Injury occur?
Sanot staring make.	Injured at home, farm, Industry, public place (where?)
Location Location	
18. Funeral director William H. 1 No	Means of Injury Injured at work? DEBUTY MEDICAL EXAM.
10/ 21. (. 1) Att	t. 1610 X MEDICAL CAME
Address 271 7 Marie Miles	23. SIGNATURE A POLICIO WELLOWASH. CO., MD.
Dec 2418 Brish	M. D. Marting
(Date would be weather and the state of the	Beginter Manual acastages, md. Date signed 12/24/48



BUREAU V. S.

2411 N. Charles St., Baltimore

Dr.	Early	Young
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			CERTIFICA	ATE OF DEATH Reg. Diat. No	302			
City or town Haser (If out How tong in above place of Mospital, institution, or si Tashi	ng ton s town taide city or town lin f death? lired address where dent ton Co	hours eath occurred:	JRAL and give nearest town) Hospital urs					
3. (a) FULL NAME				3.(b) Social Security 716-09-94				
Clege	tt Hezek	iah L	ecrone, married, widowed, or divorced		70			
	1			MEDICAL CERTIFICATION				
Male	White	Ma	rried	20. DATE OF DEATH. December 26, 1948	10:3CA			
7. Birth date of	Т		M	necember 25 . 48 . Necemb				
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION			
58	1 7	19	hirem	Coronary occlusion	5 minut			
9. Birthplace		t Con	ductor	Due to				
13. Birthplace	Hagersto	wn, M	d.	Diabetes Mellitus (Include pregnancy within 8 months of death)	1 year 5 years			
	Hagersto			Major findings of operations.	*******************************			
16. Informant		y Lec	rone	Actopsy results	statisticaDy.			
17. Buria.	or removal, Which?)	Bate there	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	(State)			
Location			l/d.	Injured at home, tarm, Industry, public place (where?)				
18. Funeral director	Andrew	K. C	offman	Means of Injury Injured at work?				
Address	Hagers	110	Md.	23. SIGNATURE College u	or other			
19 Nee Za (Date rec'd by regis	19.48 strar)	101	NOSFIELUS Registr					

PLAINLY, WITH UNFABING INK. Supply every item of information carefully. The concect age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

DEC 29 1948

BUREAU V. S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			-2	1	-
Reg.	Diat.	No.	~	· · · · ·	

I. PLACE OF DEATH: Washington Hagerstown (If outside city or town limits, write NURAL and give nearest town) low long in above place of death? lospital, instilution, or street address where death occurred: Washington County Hospital low long in hospital or institution? 2 weeks 3. (a) FULL NAME					2. USUAI. RESIDENCE (HOME) OF DECEASED: (For provious infants give realdance of mother) Maryland State Washington Couoly Hagers to Wn (If outside city or town limits, write RURAL and give nearest town) 672 Highland Way Street No (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number		
0. (0) 1002		Nelli	e Virgina	Lewi			
4. Sex	5. Celor er race	8.(a)Singi	, married, widowed, or divorce	ed	MEDICAL CERTIFICATION		
Female	White	Ma	rried		20. DATE OF DEATH Dec. 19 1948 317:10 au		
6.(b) Name of hueband or	M110	C. Le	Wis) It alive, give age 52	yr,s.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.)	Mona	n 16,	1902		and that I fact saw h Lot alive on		
8. AGE: Years	Months	Days	If lees than one day		Immediate cause of death Common of book of the common of		
46	9	3	hrs	min.	8 7 7		
1D. Usual occupation 11. Industry or business	Own 1 Robert	county, and a e Wife Home Day	(ate) }		Oue to		
M. 19. Guttibiace	Woodsto						
E 14. maiden name	Lula Ke Wash. C				(Include pregnancy within 8 months of death) Major findings all operations. Leave with the state of the sta		
16. Intermant	John C. Hagersto		d.		Autopsy results		
Location	Rose Hager Scott	Hill rstown F. Mi	nnich & So	:	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide		
19. (Date rec'd by regi	Hagers	1 /1	Md.	Registrar	23. SIGNATURE AND CONTROL OF THE M. D. on other M. Date signed (2/20/48.		

RECEIVED DEC 27 1948 ·BUREAU V. S.

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

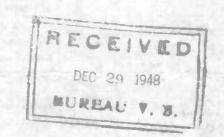
CERTIFICATE OF DEATH

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teg.	Dist.	No.				4

1. PLACE OF DE	V	Vashin	eton	(For prowhorn infants give residence of	of DECEASED:	
County	T	In ma ma	+0.000	State Maryland co	Washington Washington	
How long in above plac	outside eity or town li	mits, write RU	RAL and give nearest town)years	City or town Hagers to w	NN a. write RURAL and give nearest to	own)
	or etreet addrees where a				e LOCATION)	
	or Institution?		***************************************	2.(a) It veteran, name war		
3. (a) FULL NAM	1E	Wilbe	rt S. Lewis		3. (b) Social Security Numb	
4. Sex	5. Color er race	8.(a)Single,	married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Sin	gle	20. DATE OF DEATH December	24 1948 .1	:35p
		8.(c)	It alive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from 12 - 2 4	om 19. 4.8
deceased (mo., day,			- 1897	Immediata cause of death		DURATION
8. AGE: Year 51	re Monthe	02ye 5	If leee than one dayhrsmin.	metastebi Cas		8 month
s. Birthplace Be 1	rryville (Town,	eounty, and at	Co. Va.	Due to Unknown on	zii	
10. Usual occupation 11. Industry or busine	Found:	ry	•••••	Due to		
12. Name Wa	lter S. Charleston	Lewis	Va.	Other conditions		***************************************
	Mamie Ave Bolivar	y W. Va		(Include pregnancy within 3		
16, Intermant	s. Nora B.		S	Actorsy results PHYSICIAN: Please coderline the cause to w		
Buria crematic	Lal	Bate thereo	12-28-48 (month) (day) (year)	22. VIOLENCE: If death was due to external ca		
Cemetery or crema	tory Rose	e Hill rstown	Cemetery Md.	Where did injury occur?(City or town) Injured at home, farm, industry, public place (v		te)
18. Funeral director.	Scott		nich & Son	Means of Injury	injured at work?	?
19. (Date rec'd by r	27,1-8	1 111	of Hower	Address The erotom	M. D. or other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The chis especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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MARGIN

Reg Dist No. 302

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infanta give residence of mother)	
County	sullighton:	R # 1		State Maryland County Washingto	on
City or town(1f	outside eity or town lin	R # 4 hits, write RURAL and give neare Years	st town)		
How long in above plac	e of death? 25	Years	****************	City or town Hagerstown R # 4	
Magailal Inclifertion: U	r street-address where digans ville	eath occurred:		Maugansville	
Ma.U	RangATITe		•••••••	(If rural, give LOCATION)	
	or Institution?			2.(a) if veleran, name war None	
3. (a) FULL NAM	IE			3. (b) Social Security	Number
HOWA	RD DANIEL	LOWMAN		716-09-914	11
4. Sex	5. Color er race	6.(a)Single, married, widowed, or d	ivorced	MEDICAL CERTIFICATION	P
Male	White	Married		20. DATE OF DEATH December 5 1948 19	5.30
6.(b) Name of husband	or wife	arrie		21. I CERTIFY that death occurred on the dale above stated: that farended dec	
			68 years	March 25, 1945 10 Dea.	
7. Birth date of	Manah			and that I last saw h seemalive on	19.7.6
deceased (mo., day,		Days If less than one day		Immediate cause of death	OURATION
o, non.			min.	Cornery occurrent	
70	8 1	40.		present attack	days
9. Birihpiace	Chambersb	urg Franklin ounty, and state)	Co. Pa	• Due to.	·
		R.R. Employee			
	D- ·			Oue 10	
11. Industry or busine		ired		(Internelinas)	
里 12. Name		n	•••••	Other conditions	
13. Birthplace	Leiters	burg Md.		(include pregnancy within 3 months of death)	
H 14. Maiden name	Margare	t Young	***************************************	Major findings of operations. No operation	
U 15. Birtholace	Welsh R	un Pa.		Major hadings of operations	****
16. Interment	Margare Welsh R	e Lowman		Astony results No autopen	
Address	Hagersto	wn Md. R # 4		PHYSICIAN: Please noderline the cause 16 which leath should be charged	d statistically.
17 Buri	al n, or removal. Which?)	Dale thereof 12/8/48 (month) (day		22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide	

		Grove Cemeter		Where did injury occur?	(State)
		rsburg Pa.		Injured at home, farm, Industry, public place (where?)	
t8. Funeral director.	Andrew	K. Coffman		Maens of Injury Injured al work?	1
Address	Hage	rstown Md.		25 SIGNATURES KASTELL	0/
" Dec	6 .48	6 hostil	Zowers	М. Б.	or other
(Date ree'd by r	egistrar)		Registrar	Address Magerilon Mo Date signed	12/6/4

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MARYLAND STATE DEPARTMENT OF HEALTH

			_	Local Color	
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			Branc	2	8
				Allen .	0.3

CERTIFICATE OF DEATH

		1 10	0	-		-
Reg.	Dist.	No.		3	C	2

1. PLACE OF DEATH:	ton		2. USUAI. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother)		
City of fown	1116	RAL and give nearest town)	City or town Hagers town Country of town imite.	wite RURAL and give neares	at town)
Hospital, Institution, or street add	me ye 7		Street No. (1f rural, give)	LOCATION)	
How long in hospital or institution	?	**************************************	2.(a) ft veteran, name war		,
3. (a) FULL NAME	I ry E	lizabeth Lucas		3. (b) Social Security Nu None	ımber
4. Ses 5. Color	er race S.(a)Single,	msrried, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female Wh	ite W	idow	20. DATE OF DEATH Dec. 12,		
6.(ò) Name of husband or wife	James A. I	ucas	21. I CERTAY that death occurred on the date about	e stated: that I attended decease	of from
T Blub dote of		tf alive, give ageyears	and that f last saw h etive on		
deceased (mo., day, yr.)	March 22,	1870	Immediate cause of death	_	OURATION
8. AGE: Years Mor	nths Days	ff tess than one day	Immediate cause of actual		
70	8 20	hrs min.			
		sh. Co., Md.	Due to Cononas Occ	lusion	1/2hv.
10. Usual occupation	Home Dutie	\$	Due to Cardio mascula		3 mo.
1t. industry or business	le II Implel o		dislose	,,	1=2 -=
1 12, Hame	k H. Unkle	5 3 5 5	Dther conditions	***************************************	
13. Birthplace Wash	. Co., Md.		(include pregnancy within 3 n	nouths of death)	
14. Malden name AME 15. Birthplace Ve S	lia Dowlem		Major findings of operations		
2 15. Birthplace Was	h. Co., 16			Date of op	
II D. Inturment	B. H. Bake		Autopsy results	ich death should be charged str	atistically.
Address	enerr was	- Hagerstown,	22. VIOLENCE: If death was due to esternal cau		
17. urial (Burial, cremation, or remov	wal, Whiteh?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	utheran Ce	metery	Where did Injury occur?(City or town)	(County)	(State)
11	tersburg,		fnjured at home, farm, industry, public place (w)		
Cocation			Meens of Injury	Injured at work?	
18. Funeral directorFre			Meetis of mary	20 00	0
Address	erstown,	1 1/0	23. SIGNATURE COMEST	typtomi	Y
19. (Date ree'd by registrar)	1948 107	Registrar	Address Hagentown)	nd Date signed /	

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DEC 18 1948

BUREAU V. B.

2411 N. Charles St., Baltimore

Dr Victor Miller

... Date signed

Reg. Dist. No....

Washington

Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

E OF DEATH

/			CERTIFI	ICAT	E OF DEATH	Reg. Di
low long in shove place	Hagerstor Dutside city or town lir of death? etreet sddress where deat Ave r Institution?	nits, write RU 6 Yes lesth occurred:	RAL and give nearest tow A.F.S.	vn)	2. USUAL RESIDENCE (HOME (For previous infants give residence Maryland State Hagerstov (If outside city or town) Street No. 22 East Av (if rural, 2.(a) th velers, name war.	County Wash County Wash VN limits, write RURAL (County Wash County Wash
, Ser	5. Calor ar race		married, widowed, or divorced		MEDICIA	CEPTIFICAT
Male	White	a.(a)amg.a.	Widower			. CERTIFICAT
mar e	1111100		MIGOMET		20. DATE DE DEATH DECEM	ber 3,194
l. Birth date of	_		tt slive, give age	years	21. I CERTIFY that desth occurred on the dat	19.44.6 to
deceased (mo., day,		Days	26, 1878 It less than one day		artherites De	
8. AGE: Years	10		hrs	- 1		ero se
IO. Usual occupation.	Americ.	an r.r. Retire		Ω.	Oue to.	Hoffmu
12. Name	na than M	augans	.		Other conditions	***************************************
13. BirthplaceW8	ynesboro	penns			***************************************	
			on		(Include pregnancy with	in 3 months of death)
-	Waynesb				Major findings of operations.	
15. Birthplace						
16. tnformant	Mrs Davi	d HOLI	ler		Autopsy results	to which death should
Address	Hagersto	wn Mar	yland			
, Burial		Bate there	(month) (day) (ye	48	22. VIOLENCE: tf death was due to extern Accident, eulcide, or homicide	
(Buriai, cremation	or removal. Which?)	TIATT	(month) (day) (ye	eur)	2	, V
Cemetery or cremate	Rose	WILL	Cemetery		Where did injury occur?(City or to	wn) (Coun
Location	Hager	stown.	Maryland		tnjured at home, tarm, tndustry, public pisc	ce (where?)
	Andrew				Meane of Injury	tnjured :
				1	Virto to Mille	DR. V
Address	Hagerst				73. SIGNATURE	• 131 W.
19. Dec.	6. 1948 gistrar)	6h	saffBox	Co d	Hagustones &	nd "

(if rural, give		
2.(a) tt velersn, nsme war	None	
	3. (b) Social Security N	umber
MEDICAL C	ERTIFICATION	
December	7 7 7040	77. 4
	r 3,1948	
21. I CERTIFY that desth occurred on the date ab	ove stated; that Lattended decess H. B. to Stewards Recurles 3	13 19 4 8
		DURATION
exthintis Dife arturio- Odle	rwees	oyears
Due Sutrational Ol	of muchan	-3day
Oue to		
000 10		
Other conditions		
(Include pregnancy within 3	months of desth)	
Major findings of sperations.	,	
	Dste ot op	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Autopsy results	hich death should be charged st	atistically.
22. VIOLENCE: If death was due to external cs	uses, fill in the tollowing:	
Accident, eulcide, or homicide	Oate ot	
Where did lainer neour?		
(City or town)		(State)
tnjured at home, tarm, industry, public place (w	rhere?)	
Meane of Injury	tnjured st work?	
13 SIGNATURE	DR. VICTOR D	

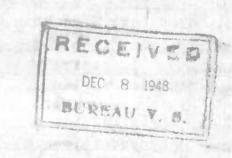
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information careful of death cleanly and BINDING FOR ADING INK. Supply Physicians: please wr RESERVED MARGIN WITH UNF important.

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

/		CERTIFIC	Reg. Diat. No.
1. PLACE OF D	EATH: ington		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Dancen			State Maryland Coucty Washington
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 70 years		70 years	City or town Dargan (If outside city or town limits, write RURAL and give nearest town)
R.F.D.#		Ferry, West Va.	Street No. R. F. D. #1, Harpers Ferry, West Va. (If rural, give LOCATION) 2.(a) If veteran, name war. None
	or Institution?		6-(a) II release name was
3. (a) FULL NAM		rine Magdalina McG	owan 3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Widowed	20. DATE OF DEATH December 16. 1948 1:35P.
6.(b) Name of husban	of wife James	Albert McGown 6.(e) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 November 19 48 to 16 Deceased from 19 48
7. Birth date of	yr.) March	8. 1878	and that I last saw h. e.C. alive on 15 Que 18 48
8. AGE: Yea		Days If less than one day	Immediate cause of death DURATION
70	9	8hrs	min. Liggestansie - arterisoclarolis hand 4 months
18. Usual occupation	Langowi		d Due to hypertension Due to artificationis
		am Pierce	
14. Malden nam	IInlenamo		(Include pregnancy within 3 months of death) Majur findings of operations.
W 15. Birthplace	Unknown		Majur hadings of operations
16. Informant		McGown	
	D.#1, Har	pers Ferry, W. Va. Date thereof 12/19/48 (month) (day) (year)	22 VIOLENCE: If death was due to external causes. (III in the following:
Cemetery or crema	Samala	s Manor Cemetery	Whers did injury occur?
Location	Samples Ma	anor, Maryland	Injured at home tarm, industry, public place (where?)
18. Funeral director	meli	1. Striker	Misens of Injury Injured at work?
101 10110101	arles Town	n, West Va.	0 M K 491.
19. Sec /	7 19484 registrar)	Cornelius H, Castle Deputy Regis	23. SIGNATURE dans K. halie M. D. or other trar Address Bolivan W. Va. Date signed 17 Dec 194

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED MARGIN

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PLEASE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County Washington		state Maryland county Washington		
City or town Maugansville	URAL and give nearest town)			
How long in above place of death? 30 vears		City or town	write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred	:	Street No. Maugansville M	lenonite Home	
Maugansville Menonit	e Home	(If rural, give I	LOCATION)	
How long in hospital or institution? 10 year	S	2.(a) if veteran, name war non-vet	4.4	
3. (a) FULL NAME			3. (b) Social Security Number	
EMMA MILLER			none	
4. Sex 5. Color or race 6.(a) Single	e, married, widowed, or divorced	Q MEDICAN CE	RTIFICATION	
Female White Wi	dow	20. DATE OF DEATH RECOGNISCON	2/2 1948 at	
8.(b) Name of husband or wife Daniel R.	Miller	21. I CERTIFY that death occurred on the date above	e stated: that battended deceased from	
	e) If alive, give ageyears	Tree 1		
7. Birth date of		and that I tast saw h	18 449	
deceased (mo., day, yr.) 5 ept. 20,		Immediais cause of thatb	DURATION	
8. AGE: Years Months Days	If less than one day	Carceno	ma 2	
81 3 1	hrs. min.	9-9-1-121	Arene al	
9. Birthpiace Leitersburg Was	h.Co., Md.	Oue fo.		
10. Usual occupation Housewife				
		Oue fo		
11. Industry or business				
12. Name John Eshelman 13. Birthplace Pennsylvania		Other conditions		
		(Include pregnancy within 3 m	nonths of death)	
14. Maiden name Fannie Seacr 15. Birthpiace Pennsylvania	ist	_		
Pennsylvania		Major fiadiags of operations		
2) 15. Birmplace	_	V		
16. Informant Harry E. Mill e		PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.	
Address Maugansville, M	d.	22. VIOLENCE: tf death was due to external caus		
Burial Oate there (Burial, cremation, or removal, Which?)	eof 12/24/48 (month) (day) (year)	Accident, suicide, or homicide		
Committee of the commit				
Cemetery or crematory Reiss Menon	ite Cemetery	Where did Injury occur?(City or town)	(County) (State)	
Location Washington Co.,	Md.	tnjured at home, farm, Industry, public place (wh	ere?)	
18. Funeral director. W. T. Norment		Means of injury	injured at work?	
n		1:1:X7100	2	
Address Hagerstown, Md.	1.1/2	23. SIGNATURE THE WHEEL	M. D. or other	
19. Date rec'd by registrar)	Registrar	Address Hagristone	1 McChate signed 12/2 2 16	
(Date fee d by registral)	Total locities	Manicoon and a second s	عراق والأحد المسير في المستشار والمستقال المستقال المستقا	



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MARYLAND STATE DEPARTMENT OF HEALTH

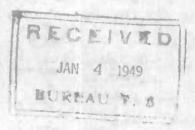
St., Baltimore

E OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland. City or town Leafs Alley Williamsport Md. (If outside city or town timits, write RURAL and give nearest town) Street No. WOrld Var 2. 2.(a) If veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE OF DEATW. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (theiude pregnancy within 3 months of death) Major fiedings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the Registrar Address

	MARILAND STATE DE
	CERTIFICAT
(If outside city or town lin	ears.
How long in hospital or institution?	
3. (a) FULL NAME	
Norman & Moat	
4. Sex 5. Color or race	6.(4) Single, married, widowed, or divorced
Male. / White.	
6.(b) Name of husband or wife Doroth	y H Moats.
6.(0) Name of nussand of wife	6.(c) 11 alive, give age 27 . years
7. Birth date of deceased (mo., day, yr.) March	
deceased (mo., day, yr.) March 8. AGE: Years Months	Days It less than one day
32 32 9	4min.
9. Birthpia Dam Mo .4. Nea Truck	Driver.
ti Industry or business Corp. Of	Williamsport Md.
12. Name Larl Moats	3 •
14 Maiden name Annie Wol	lford. gton County.
16. Interment Ars Dorothy	
Address Williamspor	rt ma.
Burial (Burial, cremation, or removal, Which?)	Date thereof ec. \$9:1948.
Cemetery or crematory Green William	sport Md.
18 Funeral director. Ldith V	beaf.
Address Williamspor	rt md.
19/ Date 29 19/ 8	E des Milion



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12891

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAI. RESIDENCE (HOME) OF DECEASED:
(For rewhorn infants give residence of mother) I. PLACE OF DEATH: county Washington State Maryland . County Washington Security
(If outside city or town limits, write RURAL and give nearest town) City or town Security How long in above place of death? 19 years (If outside city or town limits, write RURAL and give nearest town Hospital, Institution, or street addrees where death occurred: 28 Green Row 28 Green Row 2.(a) If veleran, name war How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 213-10-6788 Charles C. Munson S.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Married Male 21. I CERTIFY that death occurred on the date above stated: thei I attended deceased from Jessie Irene Marcy 19 + 8 10 De B.(c) If alive, give ege 7. Rirth date of May 25, 1889 deceased (mo., day, yr.) If leee than one day 8. AGE: Washington County, Maryland. (Town, county, and atate) North American Cement Corp. Employee 11. Industry or business Fred Munson Washington County, Md. 13. Birthplace (Include pregnancy within 3 months of death) Amelia Shaffer Major findings of operations ... /310 pay 7 Washington County, Md. Concinoma Date of op 16. Informant Mrs. Jessie I. Munson PHYSICIAN: Please underline the cause to which death should be charged statistically. Green Row Security . 22. VIOLENCE: If death was due to external causee, fill in the following: Accident, suicide, or homicide..... Cemetery or crematory Rose Hill Cemetery Where did Injury occur? (City or town) Hagerstown, Maryland injured at home, farm, industry, public place (where?) Injured at work? Fred W. Kraiss Meene of Injury Hagerstown, Maryland Addrese

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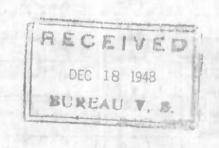
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MARYLAND STATE DEPARTMENT OF HEALTH	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 2000 INFO. APPENRING IN # 21 IS ON CERTIFICATE OF DEATH 307 Rog. Diat. No. . FILM # 6119-3-2-19 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For pewhorn infants give residence of mother) 1. PLACE OF DEATH: County. County Washin ton I'a ry la nd (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 153 W. Washin ton St. Hospital, institution, or street address where death occurred: 153 W. Washin ton St. (If rurel, give LOCATION) and World War How long in hospitat or institution?.... 2.(a) if veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number Lawrence Calvin Croutt 6.(a) Single, merried, widowed, or divorced 5. Color er race MEDICAL CERTIFICATION 4. Sea December 14, 1948 7:30 A. White Married 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hazel V. Creutt 7. Birth date of October 16. 1921 deceased (mo., day, yr.) Immediate carrie of death...... It less than one day Years 8. AGE: s. Birthplace Treerstown, Wash. Co. Md. (Town, county, and state) 11. Industry or business Is wrence Croutt 12. Name Truland 13. Birthplace (include pregnency within 3 months of death) 14. Malden name Major findings of operations. MONO. 15. Birthplace Mrs. Hazel V. Creutt PHYStCIAN: Please noderline the caose to which death shoold he charged statistically. Address 153 W. weshin ton St. Heers of 22. VIOLENCE: If death was due to external causes, till in the tollowing: Bate thereof. D.C. (month) (doy) Accident, sulcide, or homicide.....? 17. (Burlal, cremation, or removal, Which?) Where did Injury occur? Cemetary (City or town) Cemetery or crematory.... (County) Injured at home, tarm, Industry, public place (where?) injured at work? Meens of Injury 18. Funeral director..... DEPUTY MEDICAL EXAM li er town, Md. WASH, CO., MD. Address

Registrar



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

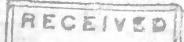
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CERTIFICATE OF DEATH

eg. Dist. No. 317

	Reg. Diat. No	T
1. PLACE OF DEATH:	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residunce of mother)	
County UTDAN Could Rural Cural (If outside city or town limits, write RURAL and give near-at town)	State Maryland county Washington	00.0.00. 1000000 1 000
How long in above place of death?	City or town	t town)
Hospital, Institution or street address where death occurred:	Street No. Booustono md. R.2	
Boonstoo Md. K.Z	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) ti veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Nu	mber
Jola a. Poffenhe	raen. None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or displaced	MEDICAL CERTIFICATION	
Demale White Marvied	20. DATE OF DEATH. December 1 1948, 21	11.451
B. (b) Name of husband or wife David W. Pofferlenger	21. I CERTIFY that death occurred on the date above stated; theil etjended deceased	1 from
7. Birth date of	and that I last saw h en alive on how, 29	19 48
deceased (mo., day, yr.) September 0 - 1898	Immediate cause of death	DURATION
8. AGE: Years Months Days II less than one day 50 2 2	Chronic negocardetes	8 44
7 HILL C MA	Here will to the	6 400
9. Birthplace (Town, eounty, and state)	Due to	
10. Usual occupation Adorese wife		. Fu 1
11. Industry or business Own Home.	Onowe cultures deformans	19/
E 12. Name Charles margan. 13. Birthplace With Latony Wash. Co. md.	Other conditions	
	(Include pregnancy within 3 months of death)	
# 14 Maiden name May Suman	Major fiadings of operations.	
14 Maiden name May Suman. 15. Birthplace Mr. Burketteuth Ired. Co. md.	major nagings of operations.	
16. Informant a avid W. Patfanherger	Autopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged state	listically.
Address (Soonsbrub Md. 1312)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burnat, cremation, or removal, Which?) Date thereof D. 15. 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or crematory Boons bus Ceruity	Where did injury occur?	State)
Location Barushuo Md.	Injured at home, farm, Industry, public place (where?)	
18 Finance director Toring J. Bast & Sous	Meens of injury Injured at work?	
Address Boonsho md	Je H. Pellon M.	W
Das 5 uce Mrs. Let being Brownhas	23. SIGNATURE M. D. pro	otyler /
(Datu rec'd by registrar)	Address Doorstoro Date signed .	3/48



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DEC 8 1948

BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12894 Reg. Dist. No. 352

1. PLACE OF DEATH .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Hamiltonia	State Mid County Machington
(If outside city or town limits, write RURAL and give nearest town)	City or town Hagentons
How long Is above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
400 Linganie are	Street No. (Jorural, gi/e LOCATION)
Now long to hospital or lestitutions	2.(a) Il veteran, name war spanish and Ilm. If an
3. (a) FULL NAME	3.(b) Social Security Number
Toy sione I sive	719-18-9276
4. Sex S. Color or rate S.(a) Siegla, merried, widowed, or divorced	MEDICAL CERTIFICATION
made wante married	20. DATE OF DEATH. Dec. 15 19 48, 81 M
S.(b) Hame of brahand or vila Mas. Caroline	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
Powell 8.(c) 11 alive, give age 5 5 years	Nov. 13 1948 10 HOLL 13 19 48
7. Birth date of deceased (me, day, yr.) May 13, 1879	and that I last saw h
8. AGE: Years Months Days If Ises than one day	Immediate cause of death
69 7 2hrsmin.	Diabetes milletus 3ms.
8. Birthologo Halfmille Frederick Co. 230	Oue to.
(Town, county, and atata)	Dishtie
16. Veuel secupation.	Due to gangine left goot 30dage
11. Industry or business	
12. Nome Halland Faculty Pod.	Other conditions
13. Birtholace Hagerstown, Cod.	(Include pregnancy within 8 months of death)
14. Meldae eame	Major findings af operatians.
# 15. Birthplace Molfrolle, Md.	Osta of op.
18. Informant Programmes Provelle	Autapsy results
. Address Margaretown Myd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or ramovel. Which?). Bate thereof. (month) (day) (yeer)	22. VIOLENCE: If death was due to esternel causes, till in the following: Accident, suicide, or homicide
(Burisl, cremation, or ramovel. Which?) Date thereof (month) (day) (yeer)	
Complety or cremelory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. 19 Landhalla Canada	Means of Injury Injured at work?
Addrass, Widdletown, Mrd.	Cornect Trotohal
bee 16 . 48 blast Bowers	23. SIGNATURE
19. (Dete ree'd by ragistrar) Registrar	Address ta Sestam nol Data olgond 12/15/48

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and leading.

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WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DE	4	Vashin	gton	2. USUAL RESIDENCE (HOME)	f mother)	
County		To go ng	town	State Maryland C	Washington	
City or town(If	outaide eity or town	imits, write R	town URAL and give nearest town) 14 days	City or town Hagerstown	1	
How long in above place	e of death?		14 days		ta, write RURAL and give near	rest town)
Hospital institution of	hgton Col	in'ty "H	ospital	Street No.	ve LOCATION)	
Now long in hospitat o				2.(a) It veleran, name war	· = =	
3. (a) FULL NAM				Z.(a) It veletan, name wat	2 (1) 6 -: 16 :- 1	JL
3. (a) FULL HAM		rer M	lorris Pryor		3. (b) Social Security I	lumber
4. Sex	5. Color er race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
11.400	White		ingle	December		. 10:40
Mlae	white	1 2	Tugre	20. DATE DE DEATH.	19	21 10.40
6.(b) Name of husband	or wite			21. I CERTIFY that death occurred on the date a		
			c) If alive, givo ageyea	Dec !		
7. Birth date of deceased (mo., day.	v. Deceml	er 1	. 1948			19. <i>E.S.</i>
8. AGE: Year		Days	If less than one day	Conservatal Hear	+ diagree	DURATION 14 American
		14	hrsmi			
Ha	gerstown	Washi	ngton County 1	Md	***************************************	***************************************
9. Birthplace	(Town	county, and	ntate)	Due 10	***************************************	***************************************
10. Usual occupation.		None		Bue to		
1t. Industry or busines		None		1		
置 12. Namo Mi	orris W.	Pryor		Other conditions		
13 Birthplace	Frederic	c Co.	Md.			
Maiden same	Edna L.	Mowen		(Include pregnancy within		
14. Maiden name 15. Birthplace	Harara	town	Ma	Major findings of operations		
≥ 15. Biringiace	Mannia W	D	and a			
16. Informant	Hagerst	Trye	r	PHYSICIAN: Please underline the cause to	which death should be charged :	statistically.
Address				22 VIOLENCE, It doubt was due to external o		
n Buria] n, or removal, Which	Bato ther	oot Dec. 15, 194 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation	Rose I	Hill C	emetery	Where did Injury occur?(City or town		
						(State)
Location	nager	3 CO WII	Md.	Injured at home, farm, industry, public place (Injured at work?	
18. Funeral director	Scott F.	Minn	ich & Son	Meens of Injury	A A	0
Address	agerstow	n Md.		-1 LIER-to	whiled M.	D.
Nes	14:148	h	ENOHYBRUELL	23. SIGNATUHE	M. D. o	rother
(Date rec'd by re	egistrar)		Registra	Address 15kw waxk	ingloss bato signed	14/48

THE REPORT OF THE PARTY OF THE

DEC 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 302

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: county ashing t on	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Mashin ton City or town Hagers t wn (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Years Hospital, institution, or street address where death occurred: 620 W. Church St. How long in hospital or institution? 4 Years	(If outside city or town limits, write RURAL and give nearest town) Street No. 620 W. Church St. (If rural, give LOCATION) 2.(a) If veleran, name war. NORG.
3.(a) FULL NAME MRS LOU MILDRED REEL	3. (b) Social Security Number
4. Sex Female White. S.(a)Single, married, widowed, or divorced Widower	MEDICAL CERTIFICATION 20. DATE DF DEATH December 24, 19 48, 21 6:31 A
6.(b) Name of husband or wife Benjamin 6.(c) If alive, give age years 7. Birth date of December 30 1860	21. CERTIFY that death occurred on the date above stated: That I attended deceased from 19 49 2nd that I last saw him alive on 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
79 11 25	Cafis-Vandes Irin 67-
9. Birthplace. Hancock, Washington Co. Md.s. (Town, county, and state) 10. Usual occupation. House Wife 11. Industry or business Own Home 12. Name. Lafayette Eichelberger	Due to
13. Birthplace Hancock Md. 14. Maiden name Isabelle Lewis 15. Birthplace Hancock Md.	(Include pregnancy within 8 months of death) Major fiedings of operations.
16. Informant Mrs George Leiter	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hancock Md. 17. Burial Bate therest 12/27/48 (month) (day) (yeer) Cemelery or crematory Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Hagerstown Md.	Where did Injury occur?
18. Funeral director Andrew K. Coffman Address Hagerstown Md.	Means of Injury Injured at work? 23. SIGNATURE J. S. C.
19. Dec 27, 19/48 6 Koshi Boward (Date rec'd by registrar) Registrar	M. D. or other

PLAINLY, WITH UNCAPANG INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING ARGIN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

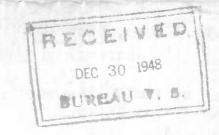
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CERTIFICATE OF DEATH

Reg. Dist. No. ... 3.0.5

					reg. Disc. Ivo	
1. PLACE OF DEATH	Wash	ingto	n	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	mother)	
County Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 50 years Hospital, institution, or street address where death occurred: In Automoblie enroute to Hagerstown How long in hospital or institution?				State Maryl and Council of town Boonsboro R. City or town Boonsboro R. (If outside city or town limit street No. (If rural, give 2.(a) if veteran, name war.	F. D. #2 is, write RURAL and give near	est town)
3. (a) FULL NAME	Fran	nk C.	Ridenour		3. (b) Social Security N 217-10-327	
4. Sex 5. 0	Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	5/10/20
Male	White	Si	ngle	20. Date of Death December	24 1948	at 10:30
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date ab July 19. and that I last saw h im alive on Dece Immediate cause of death Coronar due to occlus	48 December 20 insufficie	19.48 19.48 19.48
9. Birthplace St. James, Wash. Co. Md. (Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business				Due toarterioscleros		
置 12. Name Ben	jamin Not Kn		our	Other conditions Hypertensia		
14. Maiden name Anna Pryor 15. Birthplace Cavetown, Maryland 17. Nannie Artz				(Include pregnancy within 3		
16. Informant NITS - INSTITUTE AT 02				Autopsy results	which death should be charged s	tatistically.
Address Hagerstown, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery.				22, VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	
Location Hage				Injured at home, farm, industry, public place (
18. Funeral director	. M. S	uter . . Mar	& Sons yland	RUBERT .	J. Caall	M)
19. Dec. 26 (Date rec'd by registr	19.77.K.		Registrar	Address 132 W. V.	Date elgned.	2-16-17



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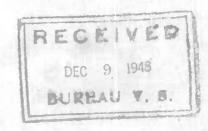
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Diat.	No.	305

					106. 10110. 1101		
How long in above place Rospital, Institution, or Washing How long in hospital or	Wash gerstown utside city or town i of death? 40 street address where ton coun institution?	ington Maryland Mills, write RURAL and Years death occurred: ty Hospita L day	1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 945 Maryland Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAM		n D. Rowla	nd	3. (b) Social Security Number 214-09-8993			
4. Sex Male	S. Color or race	6.(a)Single, married, win		MEDICAL CI	ertification	. 3 . 20 P. M	
7. Birth date of deceased (mo., day, 8. AGE: Years 68. 9. Birthplace	Months 3 James, (Town,	Wash. Co.	re ageyears	21. I CERTIFY that death occurred on the date about 19. and that I last saw h. M.M. alive on	48 10 Dec 4	19.48	
13. Birthplace 14. Maiden name 15. Birthplace	Mary l St. James	wiand s, Maryland Morin s, Maryland D. Rowland	1	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.			
Address Ha. 17	rerstown C. M. erstown,	Maryland	-7-48 onth) (day) (year)	Pilysician: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide			



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MARYLAND STATE DEPARTMENT OF HEALTH

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death elearly and le

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12899 Reg. Dist. No. 302

City or town	ng ton gerstown	mits, write R	URAL and give nearest town)	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For rewhorn infants give residence of mother) State Maryland Couety Washington			
How long in above place flospitat, institution, or 435	of death? 12 street address where Carrolton	Yrs. death occurred Ave.	:	City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 435 Carrolton Ave (If rural, give LOCATION)			
How long in hospital or				2.(a) If veteran, name war	1 - 4		
3. (a) FULL NAM		M He	nry Ruck	3. (b) Social Security Number			
4. Ses	5. Calor er race		, married, widowed, or divorced	MEDICAL CERTIFICATION			
Mals	White	Married			%:30		
1426.T. B	MILLE				20. DATE OF DEATH. December 19.48 2122		
6.(b) Name of husband			Lottie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
T Birth date of	***************************************) If alive, give age 44 year	and that I last saw halive on			
deceased (mo., day, yr.) December 15, 1902			5, 1902	Immediate cause of death	OURATION		
8. AGE: Years		Days	if less than one day			,	
45	11		hrsmin	—	occlusion	*************************	
			ington Cty. Md.	chr. bronchial	asthna	•)	
1D. Usual occupation		99 10	r	Due to			
11. Industry or busines			agersown		***************************************		
11 = 1				Other conditions			
	lagerstow			(Include pregnancy the Formutha of death)			
14. Malden name.	Mary L	loyd		, Major findings of operations.			
2 15. Birthplace	Haders	town,	Maryland	(fell dead in back	yard Date Ofp h	ome)	
16. Intermant	Mrs Lot	tie R	uck	Autopsy resolts MO			
Address	Hagerst	own, M	aryland	PHYSICIAN: Please underline the cause to wh		statistically.	
17. Buria (Burial, cremation	or removal, Which?	Bate There	Dec. 3. 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or cremato	, Rose H	111 C	emetery	Where did injury occur?(City or town)	(County)	(State)	
Location	Hagerst	own,	Maryland	Injured at home, farm, industry, public place (w)			
18. Funeral director			fman	Meens of Injury Injury Injury Park? MEDICAL EXAM. WASH, CO., MD.			
Address	Hagereto	wn, M	aryland	- 12 Robert well	S WASH. C	U., MU.	
19. Dec. (Date rec'd by re	3. 19 48 gistrar)	B	hasff Bower	Address Hogestowy	Jud Date sight	ec.1-4	

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DEC 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 306

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Danksung Loga	11/2
(If outside city or town limits, write RURAL and give nearest town)	1 X and C and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in haspital or institution?	(If rural, give LOCATION)
3.(a) FULL NAME	2.(a) If veteran, name war
Eva. D. Schock.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fundle White Stadowed	2D. DATE OF DEATH 1946 at 1/14 M
6.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	MOT 27 1945 10 Dec 1 1848
7. Birth date of 151575 deceased (mo., day, yr.)	and that I last saw here affect on All 1948
8. AGE: Years Months Days If less than one day	Immediate cause of death
77 - 23	Species / les outros 3 days
8. Birthplace Successfund und	Due to Cinferio - Schools / Days
10. Usual occupation Hatel Profrietor	
10. Usual Occupation	Due to
11. industry or business	
12. Name laufle: 1). Hishard	Other conditions
KI O	(Include preguancy within 8 months of death)
14. maiden name	Major findings of operations.
\$ 15. Birthplace Country and	Date of op.
16. informant Effa. Hisheral	Autopsy results
Address Smithebug and	PHYSICIAN: Ffease underline the cause to which death should be charged statistically.
(Burial, cremetton, or removal, Which)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Suithenburg Mousileurs	Where did injury occur?
Location Sunglin Liney & Mid	Injured et home, farm, Industry, public place (where?)
18. Funeral director State By I former	Means of Injury Injured at work?
Address Smithsburg and	41411
19 Dec. 2 1948 & Des. W. Flygusmy	23. SIGNATURE M. D. co-whiter
(Date rec'd by registrar)	Im sitra bring 12/1/14



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MADVIANI	CTATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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CERTIFICA	Reg. Dist. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How leng in above piece of deeth? Nospitel, institution, or efreet address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Now long in hospital er institution?	
00,0,0	3. (b) Social Security Number
female white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Dec. 16 18 4 5 21
8.(b) Heme of Ausband or wife	and that I test sew helive on
8. AGE: Years Monthe Deys tiles than one day 74 2 27hrs	Immediate cause of death Commany Thombons Bull S' mos
8. Birthplace Section Office (Town, county, and state)	Due to
18. Usual acception	Due to
12. Name 3 18 13. Birtholace Boards my	Other conditions (Include pregnancy within 3 months of death)
14. Meidea nome Elizabeth Tapale.	Major findings of operations
18. informant Clarence Shremsker	Aulopsy results
17. (Burial, eramation, or removal. Which') Date thereof. (month) (day) (year)	22. VIOLENCE: it death wee due to external causes, till in the tollowing: Accident, suicide, or homicide
Cometery or crematory Boundhard Cometers	Where did injura occur?
18. Funeral director. Alachill Cu	Means of injury tnjured et work?
Address Middletown, Md.	23. SIGNATURE And had had had had had had had had had ha
(Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	rar Address Danshow md Date eigned 12/17/48

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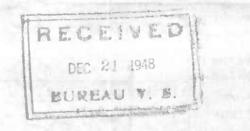
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

129112 Reg. Diat. No. 302

1. PLACE	OF DEATH	l:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhorn infanta give residence of mother)		
County Washington				***************************************	State Maryland . County Washin	ert.com	
City or town				URAL and give nearest town)	TT		
New long in ah	ove piace of d	eath? 11 3	rears		City or town (If outside city or town limits, write RURAL and	give nearest town)	
Hospitat, Insti	tution, or stree	et address where d	eath occurred		Street No 1007 Hamilton Blvd.		
	1007	Hamilto	n Bly	rd.	(If rural, give LOCATION)		
How long in h	ospital or tost	itution?			2.(a) If veleran, name war		
3. (a) FUL	L NAME				3. (b) Social Se		
	Edith	Shufe!	Lt		Non	e	
4. Sex	5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATIO	N	
Fer	male	White	W:	idowed	20, DATE OF DEATH DOC 16. 19	48 3:101.	
6.(b) Name of	husband or w	ite Char	les Si	hufelt	21, LCENIFY that death occurred on the date above stated; that Latter	ded deceased from	
			8.(c) If alive, give ageyea	and that last saw h. of alive on Alex. 15,	104-5	
7. Birth date	of mo., day, yr.)	Janua		1.1866	and that I last saw halive on	AUDATION .	
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death Cordesvorales	OURATION	
	82	10	26	hrsmir	. Il Diserce	1147	
9. Birthplace	Atel	nison Ka	nsas		Que to		
		Home Di	ounty, and a	tate)			
10. Usual oc	cupation	TIOME D	TOTES		Oue to Sugar Parishagea	201,20,18	
11. Industry	or business				_		
12. Name	Wi	lliam He	kelm	kaemper	Other conditions		
12. Name		ermany					
		neresa l	Tonale		(Include pregnancy within 3 months of death)		
뿔 14. Maid	len name				Major findings of aperations.		
14. Maid 15. Birth	place S	t. Loui:	Mo.		Qate of o		
	M	cs. Eth	el Spa	thr	Actory results MO	***********	
16. Informant Mrs. Ethel Spahr					PHYSICIAN: Please noderline the caose to which death should be	charged statistically.	
Address 1007 Hamilton Blvd. Maryland					22. VIOLENCE: If death was due to external causes, fill in the followin	g;	
17. Burial Bate thereof Dec. 18,1948. (Burial cremation or removal, Which?) (month) (day) (year)					Accident, suicide, or homibide	of	
Dank Thomas Comphoner							
Cemelery or crematory Rest Haven Cemetery					(City or town) (Coprity)	(State)	
Hagerstown, Maryland.				Maryland.	injured al home, farm, industry, public place (where?)	***************************************	
					Means of Injury Injured at we	ork?	
18. Funeral	director			iss	11/0	,	
Address		Hagers	town,	Maryland.	23 SIGNATURE W. Howard Jeoger		
λ	er 19	1 119	bh	est Bowers.	1 / m. M. 0//	M. D. or other	
19. (Date re	e'd by regist	19.4. A	. 7	WHT Jowers	Address Hogensul, The Date	signed Ry. 1 h 48	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

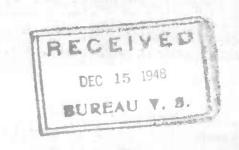
altimore 159

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CERTIFICATE OF DEATH

			Name and Address of the Owner, where	1	State of the local division in which the local division in which the local division in t
				W	die
67.	Diat.	No.			

		Reg. Dist. No	
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF D	DECEASED:	
County Washington City or twen Hagerstown Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 hours Mospital, Institution, or street address where death occurred: Washington County Hospital	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) 419 Elizabeth Street (If rural, give LOCATION)		
How long in hospital or institution? 6 hours	2.(a) II veteran, name war		
3.(a) FULL NAME Gary Lee Socks		3. (b) Social Security Number NONE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Single	MEDICAL CER 20, DATE DE DEATH / 2 Dec	TIFICATION 19 48 at 750 A	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above 2. Dec. 19.40 and that I last saw h	10/2 Dec 19 F	
8. AGE: Years Months Days If less than one day	Prematurity		
9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 11. Industry or business 12. Name George A. Socks 13. Birthplace Hagerstown, Maryland	Due to		
14. Maiden name Mary Nalley 15. Birthplace Sharpsburg, Maryland	(Include pregnancy within 3 mor		
16. Informant Hagerstown, Maryland	Autopsy results	h death abould he charged statistically.	
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Date thereol 12-13-48 (month) (day) (year) Cemetery or crematory	22. VIOLENCE: It death was due to external causes Accident, suicide, or homicide	Date of	
Location Hagerstown, Maryland C. M. Suter & Cons	injured at home, farm, industry, public place (wher	e?)	
Address Hagerstown, Maryland	23. SIGNATURE.	M, D, or other	
19. (Date rec'd by registrar) Registrar	Address 2 200 Pulmy	Date signed 13 MeV	



COPATION

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Hagerstown

Maryland

Reg. Diat. No.

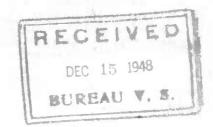
... County Washington

(If outside city or town limits, write RURAL and give nearest town)

Pol CERTIFICATE OF DEATH . PLACE OF DEATH: Washington Hager stown Maryland (If Dutside city or town limits, write RURAL and give nearest town) 22 hours How long in above place of death?. information careful of death clearly an Mospital, institution, or street address where death occurred: County Hospital How long in hospital or Institution?.... 3. (a) FULL NAME Terry Lynn Socks 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex item of i BINDING Single White Male 6.(b) Name of husband or wite FOR 7. Birth date of deceased (mo., day, yr.) Supply lease wri It less than one day 8. AGE: Years. RESERVED 22 9. Birthplace Hagerstown, Wash. (Town, county, and state) 10. Usual occupation MARGIN 11. Industry or business George A. Socks 13. Sirthplace Hagerstown, Maryland Mary Nalley Sharpsburg, Maryland George A. Socks 16. Informant Hagerstown, Maryland Address 12-13-48 Burial Cemelery or crematory Rose Hill Cemetery SE WRITE Hagerstown, Maryland C. M. Suter & Sons Hagerstown. Maryland (Date rec'd by registrar) Registra

NE	Number
ICATION	at 11016
that I attended decea	19.4
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death)	
Dale of opshould be charged a	
the following; Oate ot	
,	(State)
injured at work?	
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,	M, D. o



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

303 Reg. Diat. No....

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF	DECEASED:	
county Mashington				la myrlamd		ton
City or town (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)			
Now long in above place of	death? 27	Years	}	City or town Hagerstown (If outside city or town limits	, write RURAL and giva ne	arest town)
Respital, institution, or str	eet address where t	leath occurred	l:	Street No. 2016 Virgin	.a. A#e	
				(If rural, give 2.(a) 11 veteran, name war		
	stilution?		•	2.(d) II veteran, name war.	3. (b) Social Security	
3. (a) FULL NAME					None	Mumber
ALBERT	GARLAN	D SOU	e, married, widowed, or divorced	WEDICAL CO	ERTIFICATION	
4, 581						P
Lale	White		larried	20. DATE OF DEATH. December	9 1948 19	, 21 5 . 50
6,(b) Name of husband or	wifeF	lorer	ice V.	21. I CERTIFY that death occurred on the date abo	ve slated; that attended dece	eased from
			c) Il alive, give age	Secondary 9- 1		-
7. Birth date of deceased (mo., day, yr.)	Noven	berr	9 1871			DURATION
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		DURATION
77	1	0	hrs, min.	Coroner Ocela		1/2 /
9. BirthpiaceLap.	ans Was	h. Co	. Md.	Due to		
1D. Usual occupation	rarmer		•••••••••••••••••••••••••••••••••••••••	Due lo		
11. Industry or business	Retii	ed	1			
12. NameWill 13. Birthplace				Diher conditions	•••••	,
13. Birthplace Funks town Md.				(Include pregnancy within 8 m	nonths of death)	
当 14. Malden name	Amelia	Johns	on	Major findings of aperations.		
W 15. Birthplace	Charle	s Tov	m W. Va.	traint fradiage at abereatone		
14. Maiden name 15. Birthplace	s. Flor	ence	B. South	Autonay restits		
Address	Hagerst	own l	d.	PHYSICIAN: Please underline the cause to wi		statistically.
			12/12/48	22. VIOLENCE: 11 death was due lo esternal cau		
17. Burial (Burial, eremation, or	removat. Whieh?)	Bate ther	(month) (day) (year)	Accident, suicide, or homicide		*************************
Cemetery or crematory.	Rose F	lill (emetery	Where did injusy occur?(City or town)	(County)	(State)
Location	Hage	rstov	m l.d.	Injured at home, larm, industry, public place (w	here?)	**************************
18. Funeral director				Meens of injury	Injured at work?	
	Haye	retor	vn Md.	5 541	n nt	
Address		, 11	10 110	23. SIGNATURE ALT WW	(MD)	or other
19. Dec/c	2, 1048	D.k.	us of Thowards	J. Herento	Dale signed	14/10/00
(Date rec'd by regis	trar)	0	Registrar	II Address	Date signed	The state of the s

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

ETENTAL EL LE LECTAMENT PERTÀ MENDITANTE DE LA COMPANION DE LA

DEC 10 1948
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MARYLAND STATE DEPARTMENT OF HEALTH Be

2411 N. Charles St., Baltimore

129 6

CERTIFICATE OF DEATH

F. Dist. No. 302

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
county Zashington	state laryland county				
City or town					
How long in above place of death? 10 Hourrs	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Street No. 3717 Woodbine Ave				
Wash ngton County wospital	(If rural, give LOCATION)				
How long in nospital or institution?	2.(a) It veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
DRS. ARIETTA STITZEL	None				
4. Sex 5. Colar ar raca 6.(a) Singla, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Widow	20. DATE DE DEATH December 10 1948 st 8 m				
6,(b) Name of husband or wite Martin	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from				
6.(c) If alive, give agey	Dec 9 1948 10 Dec 10 1948				
7. Birth date of	and that I last saw h A alive on Dec LO 19.49				
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death				
71 9 4hrs.	nin. Coselinal Hemorel are 10/9/40				
	Due to astelioselaris ?				
9. Birthplace Proadfording Wash Co. l.d. (Town, county, and state)	Use to				
10. Usual occupation Housewife	Rea to				
11. Industry or business Own Home	Due to.				
12. Name George W. Unger 13. Birthplace Broadfording Md	Diher conditions				
I 13. Birthplace Broadfording Md	(Include pregnancy within 3 months of death)				
10	Major findings of operations.				
	Data of op.				
16. Interment Charles M. Stitzel	PHYSICIAN: Please underline the cause to which death abould be charged statistically.				
Address Baltimore Md.	22. VIOLENCE: It death was due to external causes, till in the tollowing;				
Bate therast 12/12/48 (Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide				
	Account of the same of the sam				
Cemetery or crematory Rose Hill Cemetery	Whera did Injury occur? (City or town) (County) (State)				
Location Hagerstown ld.					
18. Funeral director Andrew K. Coffnan	Means of Injury Injured at work?				
Address Hagerstown Md.	Jel P. t. 1800 mp.				
Nea 11 119 Bles of the powers	23. SIGNATURE M. D. or other				
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	rar Address 136 W Wash - At Date signed 12/10/48				

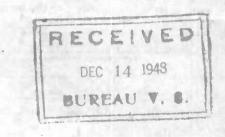
MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15 9-45-15W

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Range O Les Ton Sheep	State manyland county washington
City or town Record City or town limits, write RURAL and give nearest town	City or town (If outside city or town limits, write RURAL and give nearest town)
How forg in above place of death?	1. 与 2 0 年 一
Wear Smiths Ang	Street No. / Clf rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edgar Thomas St	ouffer
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH DAC 20 1948 8 14 30 P. M
6.(b) Name of husband or wife. Marcey, anderson.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) tt aliva, give age 6 years	1927 J. to J. 20.18 J. S.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Nov. 2 18 2 8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
66 / 18nrs. min.	
	Due to Cenfergo - S charasio 3 yrs
(Pown, county, and state)	
10. Usual occupation + armen	Oue to
11. Industry or business	
12. Name Johns Calsen Stouffer	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name Elasher Lant, 15. Birthpiace Washington to my	Major findings of operations
\$ 15. Birthplace washington to my	Oate of op.
16. Intermant Mrs. makey a. Stouffe	Autopsy results.
Address Route "5 Hagdestown. mld.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buriel Pate thereot 12/23/48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cometery or crematory Green Hell Cemelery	Where did injury occur? (City or town) (County) (State)
Location Wayneston Regume	Injured at home, farm, industry, public place (where?) Means of injury injured at work?
18. Funeral director Walter y Frome	Means of Injury Injured at work?
Address 27 S. Church St. Waynesbors, t.	& GK States
Was 21 "HX Ser W Ferguson	*23. SIGNATURE M. D. or other
(Date see'd by registrar)	Address I see The 1 sur 9 Date signed 7211. D.



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MARYLAND STATE DEPARTMENT OF HEALTH

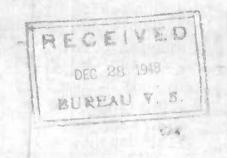
2411 N. Charles St., Baltimore

12908

CERTIFICATE OF DEATH

eg. Dist. No. 30/

	Reg. Dist. No.
1. PLACE OF DEATH: County Washing ton City of fown Williamsport City of fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Week Hospital, institution, or street address where death occurred: 200 S. Conococheague St. How long in hospital or institution? 3. (a) FULL NAME Bertie Katherine Swope	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give realdence of mother) Maryland County City or town. Smithsburg (If outside city or town limita, write RURAL and give nearest town) Street No. (If rurel, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number None
remale S. Color or race 6.(a) Single, married, widowed, or divorced Married	20. DATE OF DEATH Secember 19 1948 31/2:03 W
6.(6) Name of husband or wife. Elmer D. Swope 6.(c) If alive, give age. 67 7. Birth date of	21. I CEPTEY that death occurred on the date above stated; that I attended deceased from Lecentral 1. 19. 48 to Lee. 19. 19. 48. and that I last saw here. alive pn
deceased (mo., day, yr.) Oct 2, 1888	Immediate cause of death Ampertunes DURATION
8. AGE: Years Months Days If less than one day	Cardinary Law- renal (ma.
60 2 17hrsmin.	dies //
9. Birthplace Beaver Creek, Wash., Maryland (Town, county, and attate) 10. Usual occupation Housewife 11. Industry or business At Home	Due to
12. Name. William Brining 13. Birthplace beaver Creek , Md.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. Kate Ellen Rudy 15. Birthplace Beaver Creek , Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Wrs. John Hetzer Address Williamsport, Md.	Actopsy results
Burial Date thereof Dec. 21, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Treenlawn Cemetery	Accident, suicide, or homicide
	Injured at home, farm, industry, public place (where?)
Location Villiamsport, Md. Ddith V. Leaf	Means of injury Injured at work?
Address Villiamsport, Md.	to the
19. Dec 2/ (Date rec'd by registrar) 1949 & Lew M. Elson Registrary	Address Hagertons M. D. mather Address Date signed 12/20/48



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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12909

CERTIFICATE OF DEATH

Rog. Dist. No. 306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mashing pi	(For newborn infants give residence of mother)
a soulo.	State Mary Land County Trederich
City or town	Muse mille
low long in above place of death?	(If our fown (If our side city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
Reteles Hosp	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME,	3. (b) Social Security Number
3. (a) POLL HAME	J. (b) Social Security Hamber
Kerbert Slawley Juo,	de l
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
male white dimensel	De 12. US 121 A
Male while knowered	20. DATE OF DEATH SEE 31 19 48 630 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Just 12 1947, 10 Dec 31 194
T. Birth date of	and that I last saw hure alive on Lee 30 194
deceased (ma., day, yr.) april 2, 1880	
8. AGE: Years Wonths Days It less than one day	Immediate cause of death OURATION CN5 Supplies 7
68 8 29 hrs.	
60 0 21	min.
9. Birtholace Carneys ville W. Va.	Due 10
(Town, county, and atate)	
10. Usual occupation Rail son deeg	A : 1:
	Due to
11. Industry or business	
= 12. Name Julas Julope	Other conditions
13. Birthplace Wash, Co. Md.	(Include pregnancy within 3 months of death)
14. Maiden name aunie J. Brunner	
	Major findings of uperations
15. Birthplace Unbusier	Date of op.
16. Interment - Hasp: Record	Autopay results
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
11 Buch Date thereot / 217	4. 4
(Burial, cremation, or pomboal Wich) Date thereot (dsy) (year)	
Cemetery or crematory / muled Brothern	Where did injury occur?
To me to Took	
Location	
Stadfill CO.	Means of Injury Injured at work?
18. Funerat director	M A L
Address Mudalitour mo	- 100 CIONELLIA M. Chrunglan, M.S.
010/0/	23. SIURATURE.
19 /2/31/48 19 John the Coche	

JAN 5 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8 12010

CERTIFICATE OF DEATH

Rev. Dist. No. 300

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Washington	(For prowhern infents give residence of mother) Naryland (See Shington)		
City or town (If outside city or town limits, write RURAL and give nearest town)	314(0	*************	
How long in above place of death? 80 Years	City or town Sharpshire R. F. D. (If outside city or town Ilmits, write RURAL and give nearest to	own)	
Hospital, Institution, or street address where death occurred:	Street No. Taylors Landing		
/ Taylors Landing	(If rurol, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war. None		
3. (a) FULL NAME	3. (b) Social Security Numb	er	
JOHN WILLIAM TAYLOR	None		
4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	Λ	
Male White Widower	20. DATE DE DEATH. December 29 1948 at	2.15	
B.(b) Name of husband or wife Isadora	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro	om	
8.(c) If alive, give age	Dec. 27 1948, 10 Dec. 29	18.448	
7. Birth date of	and that I last saw h Acord alive on Dec 25	18.45	
deceased (mo., day, yr.) April 21 1868 8 AGF- Years Months Days If less than one day	Immediate cause of death	DURATION	
o, acc.			
	Imerimental Asbare.	C8 June	
9. Birthpiace Taylors Janding Wash. Co. Mda. (Town, county, and state)	Due to		
10. Usual occupation Store Keeper	- Jul Branch		
11. Industry or business Retired	Due to		
	Other conditions		
Samuel Taylor 12. Name Samuel Taylor 13. Birthplace Four Locks Md.			
	(Include pregnancy within 8 months of death)		
	Major findings of operations.		
2 15. Birthplace Taylors Landing Md.			
16 Informant Mrs. Glendora Hennesy	Autopsy results		
Address Fairplay Md.	PHYSICIAN: Please ooderline the caose to which death should be charged statistic	cally.	
Burial Bale thereof 12/31/48 (Burial, cremation, or removal, Which?) Bale thereof (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following:		
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory pakersville cemetery	Where did Injury occur? (City or town) (County) (Stat	ie)	
Location Bakersville Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Andrew K. Coffman	Meens of injury Injured at work?		
Address Hagerstown Md.	June 12.		
100	23. SIGNATURE M. D. or other	· /	
19. (Date rec'd by registrar) TRegistrar	Address Williams Date signed 7	29/48	

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Andrew Schools

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JAN 7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12911 leg. Dist. No. 305

I. PLACE OF DE	nington	•••••		***************************************	2. USUAL RESIDENCE (HOME) OF (For pewborn infants give residence of m		- 0-
City or town Br	reathedsv	ille			state Naryland coun	y Forceste	r vo
	utside city or town lin	6 M		Davs	City or town. Whaleyville (If outside city or town limits,		
How long in above place	ot death?			Day 5	(If outside city or town limits,	write RURAL and give near	est town)
	Reforma			00	Street No. (If ruro), give L		
How long in hospitat or	Yr	s. 6	los 16	Davs	2.(a) If veteran, name war. None.		
3. (a) FULL NAME	Institution?				2.(a) If veteran, name war		
						3. (b) Social Security N	umber
	SCAR TRU					None	
4. Sex	5. Color er race	6.(a)Single	, married, widowed,	or divorced	MEDICAL CE	RTIFICATION	A
Male	White		Widower		20, DATE OF DEATH December	2 1948 19	12.05
6,(b) Name of husband	or wife Flo	ra		***************************************	21. In CERTIFY, that death occurred on the date above		ed trom
	***************************************		A If alive give age		Justy 19	10 Perc	19.78
7. Birth date of	37- 4		y is alive, give age	years	and Mal I last saw halive on	recl	19 EY
deceased (mo., day, y		1889			Immediate cause of death		DURATION
8. AGE: Years	Months	Days	tt less than one	eay	, O	ref.	
59	6	28	hrs.	min.	Luliuvicary	faber culoses	Ceyro
9. Birthplace	lisbury (Town,	Wicour	oco Co.	l.d.	Due to		
1D. Usual occupation	Labor	er			Due to.		
11. Industry or business	-				Due to		
MI Ex	vin Denn	is					
TE IZ. MATRIC	o Record	m.m	~	•••••••	Other conditions		
		d = la = ==			(Include pregnoney within 3 m	ontha of death)	
본 t4. Maiden name.	Katie D	isnar	oon		Major findings of operations		
14. Maiden name	Salisbur	v Md.	December 1				
	cords of	1.d	State B	ef for	landermult		
				Dell'e salar e ette e e e e e esta e de la esta e esta e	PHYSICIAN: Please underline the cause to whi	ch death aboutd be charged at	atistically.
Address	Breathe	asvil	Te Mid.		22. VIOLENCE: tt death was due to external caus	es, till in the tollowing;	
n Buris	or removal. Which?)	Date there	of Chec	(day) (yeor)	Accident, suicide, or homicide		
	Mt. Pl	00 00 Y		(day) (yeor)	III		
			k.k	***************************************	Where did Injury occur?		(State)
Location	Ticonoco	Co.	lld.	***************************************	tnjured at home, tarm, industry, public place (who		
t8. Funeral director	Andrew	K. C	offnan	•••••	Means of Injury	Injured at work?	0
Address		ersto			1 obert 1	Courad	ZUN
100	2 .11	A	0 811	31	23. SIGNATURE	M, D, or	other
19. (Dato rec'd by re	giatrar)	- 10	bur f. V.	Registrar	Address Otagesotown	, hed Date signed !	12-2-48

MARGIN RESERVED FOR BINDING

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DEC 6 1948
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ITT UNFADING INK. Supply every item of information carefully. The correct age infortant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

9502

12912

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Porterfield

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provious infants give residence of mother)
county Maserstown	State Maryland county Washington
City or town Harry P.S. town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 years Wospital, Institution, or street address where death occurred:	
	Street No. 205 Mealey Parkway
205 Mealey Parkway	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Truman Twyford	1217-10-4001
4. Sex 5. Color er race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DAYE OF DEATH. December 6, 1948 12:30P. M
6.(b) Name of husband or wife Zelma.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
60	Dec 1 1941 to Dec 6 1948
7. Birth date of	and that I last saw h alive on Occ 6 18.48
deceased (mo., day, yr.) August 3, 1885	
8. AGE: Toars Months Bays If less than one day	Immediate cause of death OURATION Dardiac dilitation 12/5748
63 4 3	Cardiae Alconfusation 415148
00 - 1 0	Curacae 10 your furation 415/45
9. Siringlace Hebron Tyler Cty. W. Va. (Town, county, and state)	Due to Coronary Thomason
10. Usual occupation Electrical Engineer	Buo to
11. Industry or business Potomac Edison Co.	
E 12. Name George W. Twyford	Other conditions
13. Birthplace Hebron, W. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Lenora Smith	Msjor fiadiags ol aperatians
5 to Bishelm Long Tolland Creak W Va	
14. Malden name Lenora Smith 15. Birtholace Long Island Creek, W. Va. 16. Informant Mrs. Zelma Twyford	Qate of op
16. Informant Ars. Zelma Twyford	Autopsy results
Address Hagerstown, Md.	
	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17. Burial Bate Iherest 12-9-48 (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Masconic Cenetery	Where did Injury occur?
	(City or town) (County) (State)
Location West Union, W. Va.	Meens of Injury Injured at work?
18. Funeral director	
Address Hagerstown, Ld.	23 SIGNATINE H. S. Porterfield M.O.
Lec. 7. 168 Chastinowers	23. SIGNATURE M. D. Srother
19. (Date rec'd by registrar) Registrar	Address

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Martin Corabi Chicago and a

Black Carl St. St. White St. St. St.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For propher infants give residence of mother)
county Washington	
City or town (If outside city or town limits, write RURAL and give nea	State Maryland county Vashington
How tops in above place of death?	City or town
How topg in above place of death?	
/ Washington County Hospital	Streel No. 303 No. Locust St. (If rural, give LOCATION)
How long in hospital or institution? 1 Month	2.(a) It veleran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
MRS GEORGIANNA WELLER	VAUGHN
4. Sex 5. Celer er race 6.(a)Single, married, widowed, or	divorced MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH Dec. 20 1948 31 4:30P.
6.(b) Name of husband or wife John T. Vaughn	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of New challength 12 1000	42 42 42 12 44 10 12 20 19 48
7. Birth date of deceased (mo. day, yr.) March 13, 1908	and that I last saw h. E.F. alive on 12-20 19 48
	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one days 40 9 7hrs.	min. Break 12 sat
9. Sirthplace Mestininister Carrol Co. (Town, county, and state)	
10. Usual occupation Housewife	Due to
11. industry or business Own Home	
E 12. Name George Weller	Other conditions
12. Name George Weller 13. Birthplace Westminister Md.	
	(Include pregnancy within 3 months of death)
Washington to the automatical and the second	Major findings of operations.
	Date of op. 3/23/48
18. Informant John T. Vaughn	Aotopsy results
Address Hagerstown, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	/ 48 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Bate thereof 12/23. (Burial, cremation, or removal. Which?)	
Cemelery or crematory Rest Haven Cemetery	Where did injury occur? (City or town) (County) (State)
Location Hagerstown, Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	L. Home Lake I
	(Ne Was Lights J. M. D. or other
19. Dec 22, 19 48 CharffB.	Registrar Address Jones Date signed 12-21-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

og. Diat. No. 30 2

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewhorn infanta give residence of mother)		
VVVIII]	State Md. county Washington		
City or fown (If outside city or town limits, write RURAL and give nearest town)	Hagerstown		
How long in above place of death? 33 years	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)		
Hospifal, Institution, or street address where death occurred: Washington County Hospital	Street No. 515 S. Potomac St.		
	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
J. Frank Wagner 4. Sex 5. Celer er race 6.(a) Single, married, widowed, or divorced	•••		
	MEDICAL CERTIFICATION		
male white widowed	20. DATE OF DEATH. December 28.0 48		
6.(b) Name of hueband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(c) If alive, give ageyea	October 11 1048 10 Dec. 28, 1948		
T. Birth date of deceased (mo., day, yr.) October 6, 1891	and that I last saw a live on Dec. 28 1948		
8. AGE: Years Months Days If less than one day	Immediate cause of death arteriosclerotic coronary DURATION		
57 2 2hrsmi			
8. Birthplace Greencastle FranklinCo., Pa	oute coronary thrombosis of		
	acute carebral thrombosis		
10. Usual occupation Line Foreman	" land to a land to illume		
11. Industry or business City Light Plant	grade Iv 71		
William H. Wagner 13. Birthplace near Greencastle, Penna.	Diher conditions unostatic pneumonia 2.		
13. Birthplace near Greencastle, Penna.	(Include pregnancy within 3 months of death)		
H 14. Malden name Alice E. Walch	Major findings of operations		
15. Birthplace Greencastle, Pmana.	Major hadiags at eperatiaas.		
16 Interment Mrs. Marguerite Aldridge	Autopsy results Manue		
Clark Downs	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tt death was due to esternat causes, flit in the following;		
17. burial Bate thereof 12-31-48 (month) (day) (year)	Accident, suicide, or homicide. No. Date of		
Cemetery or crematory Cedar Hill Cemetery	Where did injury occur?		
Greencastle, Penna.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Scott F. Minnich & Son	Means of Injury Injured at work?		
He constown Md	23. SIGNATUREL Robert & Wello InD.		
12 19 11/2	23. SIGNATUREL CONCLO WELLO MD.		
19. Date reg'd by registrar) (Date reg'd by registrar) (Registrar)	12 kg/11		
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13d Reg. Dist. No. 23572

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Wilshugton	A CONTRACTOR OF THE PROPERTY O
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Grashington
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	street No. main Street
Mais St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
0 . 0+10 11	10
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
Demale White Married	20. DATE OF DEATH. December - 27 - 19.48 21/1.30 P.M
6.(6) Name of husband or wile Meuton Warrenfelts	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
9 0	Dee F 1944 to Dec 27 1048
T. Birth dale of	and that I last saw here alive on soec 27 1948
deceased (mo., day, yr.) Feltrey . 3 - 1865	
8. AGE: Years Months V Days Il less Ihan one day	Immediate cause of death
93 10 17hrsmin.	
	Hery Marine
9. Birlhplace Julian Storm Utila Cas Md. (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business Pury Interes	
12 Name Martin Futher Stockstages	Dther condilions
	(Include pregnancy within 3 months of death)
# 14. Maiden name Canoline Releace Uraller	
14. Maiden name Carteline Kellecca Walsh	Major fiodings of operations
no. In 21.11.	Aptopsy results
5 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Junistania Md.	22. VIOLENCE: 11 death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date Ihereol 12.30 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Junility md:	Injured at home, farm, industry, public place (where?)
18. Funeral director LUM 3. Bast 98000	Msans of Injury Injured at work?
Address Berouslass mds	I do est la monta - ha
10 11/2 10/1/	23. SIGNATURE M. D. or other
19 Dec. 28, 1948 Chisty gowers	- tub days and and or select
(Date rec'd by registrar) Registrar	Address 2 11/2 Fury / Date signed / 2 7 78

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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CERTIFICAT	E OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County County City or town (If odfeide city or towny limits, write RUKAL and give nearest town) How long in above piece of death? The survey limits, write RUKAL and give nearest town) How long in above piece of death? Learny How long in hospital or institution? The survey How long in hospital or institution?	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother) Stato
3. (a) FULL NAME Roy Nathaniel Was	hington 3.(b) Social Security Number 215-20-8829
4. Sax S. Color ar rage S. (a) Single, married, widowed, or divorced Market	MEDICAL CERTIFICATION 20. DATE OF DEATH December 25 1948 200 P.
8.(b) Nams of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 25 and that I last saw h im alive on December 25 Immediate cause of death Coronary occlusion OURATION
9. Birthplace	Bue to
11. Industry or business 12. Name Denjanin Washington 13. Birthplace Raffield, W. Val 14. Maiden name Gellan Edwards 15. Birthplace Aufgleld, W. Var 15. Birthplace Aufgleld, W. Var	Other conditions Hypertensive cardiovascular disease, arteriosclerosis, perforated peptiv ^(Interest new within 3 months of death) Major findings of operations. Date of op.
18. Informant Mis. Which & Washington Address 55 W. Bethel Shirt 17. Burial (Burial, cremetion, or reproval. Which?) Demetery or crematory (eday) Kill (emetery)	Aatopsy results 1 OTO PHYSICIAN: Please poderline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Williams H. Dawney Address 29 (Predrick et Hogerstown 19. Dec 29. 1948 Shorth Bowers (Date rec'd by registrar)	tnjured at home, farm, industry, public place (where?) Msans of injury Injured at work? 23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH. County. County. County. County. Cou		
State of the property of the p	1 1 1 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Single long of bears place of death? Steel No. St		CF A The State of
Steel No. Steel		City or town.
18 on long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 3. (b) Social Security Number 4. Set 5. Color of race 6. (c) Stage of husband or wife 6. (d) Stage of husband or wife 6. (e) Stage of husband or wife 8. AGE: Tear 19. Birth date of 6. (e) Stage of husband or wife 11. Birth date of 6. (e) Stage of husband or wife 12. AGE of the stage of the stage above stated into a late of the stage above stated into a late of the stage above stated deceded from 11. Birth date of 12. AGE of the stage above stated with the stage of the stage above stated deceded from 12. AGE of the stage above stated deceded from 13. Birth date of 14. Stage of husband or wife 15. Birthplace 16. Independent of the stage above stated deceded from 16. Independent of the stage above stated deceded from 17. Authority or business 18. Forest of the stage above stated deceded from 18. Forest director of the stage above stated deceded from 18. Forest director of the stage above stated deceded from 18. Forest director of the stage above stated about the charged statistically. 18. Address 18. Stage in the stage above stage above stated about the charged statistically. 18. Event of the stage above stage ab	How long to above place of death?	1541 met lever St
See long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Set 5. (b) In a continue of the stand or wife 5. (b) Name of herband or wife 6. (c) It simplifying 7. Brith date of dome, day, m.) 8. AGE: Teare Months Bays If lee than one day 8. Brithplace		
3. (a) FULL NAME 3. (b) Social Security Number 4. Set	2 -	
4. See S. Color of race S. Coloringte. marinet, wildowed, or divorced MEDICAL CERTIFICATION 8. (b) Name of hurband or wife. See See See See See See See See See S	- It Created to	
8. (b) Name of husband or wite All Allender Action (County) (State) 1. (b) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite Allender Action (County) (State) 1. (c) Name of husband or wite All Allender Action (County) (State) 1. (c) Name of husband or wite Allender Action (County) (County) (State) 1. (c) Name of husband or wite Allender Action (County) (County) (State) 1. (c) Name of husband or wite Allender Action (County) (County) (State) 1. (c) Name of husband or wite Allender Action (County) (County) (County) (State) 1. (c) Name of husband or wite Allender Action (County) (County) (State) 1. (c) Name of husband or wite Allender Action (County) (County) (State) 1. (c) Name of husband or wite Action (County) (County) (State) 1. (c) Name of husband or wite Action (County) (County) (State) 1. (c) Name of husband or wite Action (County) (County	3. (a) FULL NAME	3. (b) Social Security Number
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5.(b) Name of husband or wife. 1. Birth date of deceased (mo. day, yr.) 2. Coll I alive diversed (mo. day, yr.) 3. AGE: Yeare Months Days If leve than one day 3. Birthplace (Town, county, and atate) 10. Usual occupation. 11. Industry or businese 12. Name Days If leve than one day 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. 3. Birthplace (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) Major Badiers of operations. 16. Informant (Include pregnancy within 3 months of death) Major Badiers of operations. 17. Death of the condition of premium (Major) (County) Date thereof. Date thereof. Date of op. Autopay results Physician Please underline the came to which death should be charged statistically. Major Badiers of operations. 18. Funeral director (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 12. Signature (City or town) (County) Injured at home, farm, industry, public place (where?) Major same of injury 13. Signature (City or town) 14. Days of the condition of the day and that I altended deceeeed from 15. Days on the condition of the day of the condition of the day of the condition of the condit	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5.(b) Name of husband or wife. Let the state of the state of the state of decased (no., 25, 71.) 8. AGE: Yeare Months Byz II lees than one day 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. Birth place 18. Address 19. Linearity or business 19. Linearity or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Informant Address 16. Informant Address 17. Description Bate thereof. 18. Address 19. Linearity or business and that the state of death was due to external causes, fill in the following: 19. Address 10. Linearity or cremator, or comoval, Which is month, of death was due to external causes, fill in the following: 18. Funeral director Company (day) (vea.) 19. Company (day) (vea.) 10. Company (day) (vea.) 11. Industry public place (where?) 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director Company (county) (day) (vea.) 19. D. or other	+ Col Separated	20. DATE OF DEATH & ECONOLIS 26 1948, 219 54.
5.(b) Name of husband or wife. Let the state of the state of the state of decased (no., 25, 71.) 8. AGE: Yeare Months Byz II lees than one day 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 17. Birth place 18. Address 19. Linearity or business 19. Linearity or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Informant Address 16. Informant Address 17. Description Bate thereof. 18. Address 19. Linearity or business and that the state of death was due to external causes, fill in the following: 19. Address 10. Linearity or cremator, or comoval, Which is month, of death was due to external causes, fill in the following: 18. Funeral director Company (day) (vea.) 19. Company (day) (vea.) 10. Company (day) (vea.) 11. Industry public place (where?) 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director Company (county) (day) (vea.) 19. D. or other	marine Possibar	21. LCERTIFY Inat death occurred on the date above stated; that I altended deceeeed from
and that I last saw hear alive on Recht alive alive on Recht alive alive on Recht alive alive on Recht alive alive alive on Recht alive alive alive alive alive on Recht alive al	S.(c) Halle of Halle of	[1 Heren ben 1 H 10 48 10 Bee 26 19 48
Immediate cause of death DURATION	S.(c) If all vor give keet and the	
8. AGE: Veare Months Days If leef than one day B. Herhplace Clown, county, and state) Due to the state of the state	1. Birth date of deceased (mo., day, yr.) Que ust 30, 1902	
9. Birthplace Size of County, and state) 10. Usual occupation. 11. Industry or businese 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Markes 18. Informant. 19. Wilden and the conditions of death of the conditions of death of the conditions. 19. Usual occupation. 10. Usual occupation. 11. Industry or businese 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. County or businese 17. County or county. 18. Function of cematery. 19. Wilden and the condition of cematery. 19. County occupation. 19. Date of op. 19. Doc other occupation. 19. Doc other occupati		A 40 P 77
9. Birthplace 12 lib (Town, county, and state) 10. Usual occupation. 11. Industry or businese 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. 17. Birthplace 18. Informant. 19. Wilders. 19. Date Thereof. 19. Usual occupation. 19. Usual occupation. 19. Usual occupation. 19. White conditions 19. Usual occupation. 19. Usual occu		
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Dither conditions 12. Name	1B. Veual occupation	Due to Cat Establish of Carried 1 cherry
13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Autopsy results 17. (Burial, cremation, or removal, Wilers) 17. (Burial, cremation, or removal, Wilers) 18. Funeral director 18. Funeral direct	11. Industry or business	- with will meta hour 2 mind
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14. Maiden name 15. Birthplace 16. Informant 16. Infor	13 Richarder CP . P. S. P.	
Address 17. Burial, cremation, or removal, Which? Cemetery or crematory Location Location Addrese Addrese Addrese Addrese Addrese Addrese Addrese Addrese Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Addrese 23. SIGNATURE 23. SIGNATURE M. D. or other		(Include pregnancy within 3 months of death)
Address 17. Burial, cremation, or removal, Which? Cemetery or crematory Location Location Address Accident, suicide, or homicide Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Address Allopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Address Address Address 23. SIGNATURE M. D. or other	E 14. Malden name.	Major liadings of operations.
Address 17. Burial, cremation, or removal, Which? Cemetery or crematory Location Location Addrese Addrese Addrese Addrese Addrese Addrese Addrese Addrese Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of Injury Addrese 23. SIGNATURE 23. SIGNATURE M. D. or other	\$ 15. Birthplace Sheller 77-C1	Date of op.
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causee, fill in the following: Accident, sulcide, or homicide	N. O. to the and the	Autopsy results
22. VIOLENCE: If death was due to external causee, fill in the following: Accident, suicide, or homicide		PHYSICIAN: Please underline the cause to which death should be charged statistically.
Date thereof (month) (day) (year) Cemetery or crematory (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Addrese See See Headers (M. D. or other) Addrese See Headers (M. D. or other)		22. VIOLENCE: If death was due to external causee, fill in the following:
Cemetery or crematory (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Meens of injured at work? Addrese 558888888888888888888888888888888888	17. Bural Bate Thereof Dec 30-/7	Society avoided or homiside Bate of
Location	(Burial, cremation, or removal, Which?) (month) (day) (yea	
18. Funeral director Policit Exticlisms Addrese 1515 Ma Electry 19 23. SIGNATURE 10. D. or other	Cemetery or crematory	
18. Funeral director Policif Williams Meens of Injury Addrese 15 15 Ma Elaborated 23. SIGNATURE 10. D. or other	location (2, 12, Co 14 mol)	Injured at home, farm, industry, public place (where?)
Addrese 1515 Mª Eldhry III 23. SIGNATURE COM M. D. or other	P.O. Towoli	Meens of Injury Injured at work?
12/29 18 Pw. Helliel 23. SIGNATURE TO THE M. D. or other	18 Funeral director	
12/29 10 X8 4W. Nedwel St. A.D. or other	Addrese 15 13 Ma Claury	The source & I William M. D.
19. (Date ret'd by registrar) Date Registrar Address La Leury Address Date signed Dischell	129 48 Par Nolla.	M. D. or other
	19. (Date rec'd by registrar)	gistrar Address Latellie Hash Date signed Tile!

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Hirshman 12018

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DE.	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Mashington					State Maryland County Washington		
City or town (If outside city or town limits, write RURAL and give nearest town)							
Hali tana ia abassa alasa	at death?	,		City or town	arest town)		
Hospital, institution, or	street address where	death occurred	•	Street No. 1032 Marshall St.			
				(If rural, give LOCATION)			
How long in hospital or			months	2.(a) It veteran, name war			
3. (a) FULL NAM				3. (b) Social Security	Number		
				3. (b) Social Security	Trambet.		
Fred	Henry Wi	sherd	, married, widowed, or divorced	THE PART OF THE PA			
4, Sex	5, Celor ar race	e.(w)aingi	I, INSTITUTE, WINDOWED, OF STITUTES	MEDICAL CERTIFICATION			
Male	White	l.a.r	ried	20. DATE OF DEATH December 27, 19.48			
		Tennie	E.	21. I CERTIFY that death accurred on the date above stated: that Mattended deci	eeand from		
				" \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 19 48		
7. Birth date of) It alive, give age 48 yea	and that I last saw h (bm alive on dee 27			
deceased (mo., day,)	June June	18, 18	398	Immediate cause of death			
8. AGE: Years	Months	Days	if less than one day	Coron ory occlusion			
50	6	9	hrs mii				
9. Birtholace Fa.i.	rview Was	shingt	on, Md.	Due to	***************************************		
					*** ******************		
10. Usual occupation	SCHOOT	bus C	perator	Oue to			
11. Industry or busines	1				** ************************************		
H 12 Name J	ohn J. W.	isherd		Other conditions			
	airview.						
				(Include pregnancy within 3 months of death)			
置 14. Maiden name.	MILCE	r.r.mub.c	wer	Major findings of operations.			
14. Maiden name.	Dry Run	Pa.		Date of op.			
18 informant	rs. Wilb	ir Sny	der	Autopsy resalts			
				PHYSICIAN: Please underline the cause to which death shootd be charged	statistically.		
1	agerstown			22. VIOLENCE: If death was due to external causes, till in the following:			
17. Bur	151 Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide			
			ng Cemetery		404-4-3		
Location	Frosdi	ordin	g, Maryland		140000000000000000000000000000000000000		
18. Funerat director	Andrew I	K. Cof	fran	Means of Injury Injured at work?	1		
Address	Hagersto			Milis XI Slewan	Mull		
	_	De.	les AlbBresses		or other		
19. 2001	30 .48	101	Registre	Address Haggolown Illu Date signed	12/28/13		
(Date rec'd by re	egistrar)		Wekisti	Angress			

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JAN 3 1949

BUREAU V. S.

The solution of the

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

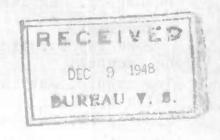
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Hager stown, Maryland	state Maryland county Washington Hagerstown			
How long in above place of death? 30 years	City or town. (If outside city or town limits, write RURAL and give nearest town)			
Mospital, institution, or street address where death occurred:	Street No. 169 Summit Avenue			
Washington County Hospital	(If rural, give LOCATION)			
How tong in hospital or institution? 2 hours	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Bertha E. Wolcott	214-09-6717			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow	20. DATE OF DEATH PLEUMORY + 19+8 3 +5			
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that attended descased from 19. 4 10. Dicumples of 19 48			
	and that I ast saw h 97 alive on Alenther 1 19 4			
T. Birth date of deceased (mo., day, yr.) August 3, 1887				
8. AGE: Years Months Days It less than one day	Immediate prise of drath and a dam Carcin ma 17 mos.			
61 3 1hrsmin.	of rught ovary - mooting			
9. Birthplace Greensburg Maryland (Town, county, and state)	Due to Interiors 0			
10. Usual occupation Secretary	Due to			
11. industry or business Beachley Furniture Co.	1			
E 12. Name John Bachtell	Other conditions De arrang in the of			
12. Name John Bachtell 13. Birthplace Greensburg Maryland	henry 1 al. 2 hours			
# 14. Maiden name Elva Ridenour	(Include pregnathey within a months of death) Maior fadings of angestings Shallow address Com m			
15. Birthplace Greensburg, Maryland	Major findings of aperations. Major findings of aperations. Major findings of aperations. Dale of op. 13147			
16 latermant Miss Martha E. McCullough	Antony results - Whe			
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following:			
Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or Stouffer Cemetery	Where did injury occur?			
Location Greensburg, Maryland	Injured at home, farm, Industry, public place (where?)			
18. Funeral director C. M. Suter & Sons	Meens of Injury Injured at work?			
Address Hagerstown, Maryland	(Kito Nomanesat Ma A)			
1 - 10 160 000	23. SIGNATURE			

RESERVED FOR BINDING

PLEASE

(Date rec'd by registrar)

SN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No ...

How long in above place Hospital, institution, or 246 West	Wash in Hagerstov Hagerstov of death?	ife death occurred: enue	ryland RAL and give nearest town)	State Maryla City or town (17 outs Street No. 246 W	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 246 West Side Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME						3. (b) Social Security		
	Alic		Wolfensber	rer				
Female	White			20. DATE DE DEATH	MEDICAL CERTIFICATION 20. DATE DE DEATH DEC 2 1 19 48 21 35			
	or wifeyr.) March	6.(c) I	f alive, give age	years and Ihal I last saw h	19.11 1 alive on 6	ve stated: that I attended doc 4.5, 10	19.4	
8. AGE: Year		Days 23	If less than one dayhrs.	Cerel	but He	morthage	12/21/4	
10. Usual occupation. 11. Industry or busines	Housewo	rk	y, Maryland er nty, Maryla	Due lo	pertens			
Evelyne Kuhn 14. Malden name. Evelyne Kuhn 15. Birthplace Washington County, Maryland 16. Informant Hannah Wolfensberger				d Major findings of operat	(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant Hannah Wolfensberger Address Hagerstown, Maryland				PHYSICIAN: Please und	derline the cause to wh	aich death shoold he charse		
Burial, cremation	o, or removal, Which?)	Date thereof	12-24-48 (month) (day) (year ed Cemetery	Where did Injury occur?	(City or town)	(County)	(State)	
Location Near Cearfoss, Maryland 18. Funeral director C. M. Suter & Sons				fnjured at home, farm, to	dustry, pub ¹¹ c piace (wh	nere?)		
Address	Hagerst	town, k		23. SIGNATURE	the Port	erfield) mg Date signed	NDs or other	

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(Date ree'd by registrar)

BINDING

FOR

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MARYLAND STATE DEPARTMENT OF HEALTH

Dr. yeager

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For propher) infants give residence of mother) 1. PLACE OF DEATH: ashington couply -ashington Marvland Hagerstown (If outside city or town limits, write RURAL and give nearest town) Hagerstown
[If outside city or town limits, write RURAL and give nearest town] Years How long in above place of death? 820 Virginia ave Rospital, Institution, or street address where death occurred: Virginia , ve (If rural, give LOCATION) None How long in hospital or institution?.. 2.(a) If veleran, name war 3. (a) FULL NAME 3. (b) Social Security Number None MRS BESSIE HELEN 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. December 28 1948 19 21. LCERTIFY inal death occurred on the date above stated: that attended deceased from Frank 6.(b) Name of husband or wife ... 7. Right date of October deceased (mo., day, yr.) 8. AGE: Monthe If lese than one day Hagerstown Wash. Co. (Town, county, and state) Ho usewife 10. Usual occupation. Own Home 11. industry or business Dallas Hoover Emmitsburg Md. 13. Birtholace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Amanda. Major findings of operations Favetteville Pa. Miss Elizabeth Hoover PHYSICIAN: Please underline the caose to which death should be charged statistically. Hagerstown Md. Address 22. VIOLENCE: If death was due to external causes, till in the following: Burial 12/30/48 Bate thereof ... Accident, suicide, or homicide..... (Burial, eremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cemetery Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Hagerstown Md. injured at work? Andrew K. Coffman Meene of injury 18. Funeral director... Hagerstown Md Addresse M. D. or other

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SURHAU V. a.